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CLINICAL LECTURE.

ANEURISM OF THE AORTA.—CATARRHAL JAUNDICE.

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Aneurism of the Aorta.

Gentlemen: Last week I showed you a case of simple aneurism of the aorta and another one in which there was either an aneurism of the aorta or a dilatation of the left auricle. The brûit was in the second left interspace; but I told you at the time that the aneurismal wall was liable to yield in the direction of the least resistance and that position of the pulsation was of little value in diagnosis. Although the pulsating tumor shown evidently overlay the base of the heart, located as it was below the second rib, yet it might be an aneurism of the aorta at its root within the pericardium or an extra pericardial aneurism bulging downwards and to the left. Since then the patient has died and I now show you the result of the autopsy.

Here are the heart and its appendages. Examining them, we find a fusiform dilatation of the aorta and also a saccular aneurism commencing immediately above the semi-lunar valves and within the pericardial sac, about as large as a small orange. The valves of the aorta do not close properly and, as a result of this condition, we had an aortic regurgitation. The aneurism is smooth, sessile, round and to the front of the aorta; it is an old aneurism, with smooth but thickened and somewhat rigid opening of communication with the aorta. It contains no coagulum, because it lay on the convex side of the aortic curve and was, therefore, in the seat of a strong blood current.

This aneurism was not the cause of death. It would have been a favorable case for electrolysis or any other clot-forming method of treatment. The aorta is roughened on its internal surface by calcification from an old endarteritis, possibly of specific origin, whose degenerating influence in the aortic wall was the primary cause of the aneurism itself. I would have feared electrolysis, lest the formation of a clot would have obstructed this cavity. The aneurism, as you see, occupied part of the space usually filled by the heart and resembled a case of marked dilatation of the left auricle, due to the regurgitation of blood through the mitral orifice. Besides the position, there was another physical sign which made me think it might be a dilatated left auricle, and that was the forcible diastolic brûit. This is explained by the aortic regurgitation which no doubt existed.

Catarrhal Jaundice.

This man came here three weeks ago. He was then vomiting a greenish fluid and his stools were light colored. He had had an inflammation of the stomach, and four days afterwards jaundice appeared. He was given small doses of calomel, and in five days he was feeling quite well again. His temperature was normal; in twenty-four hours it went up to 101° F. and is now 100°. The yellow staining is still to be seen on the walls of the abdomen where it appears later than on the mucous surfaces. The conjunctivæ are found to be stained on the lining of the lids, though the scleral conjunctiva is clear. The tongue is also clean on its upper and under surfaces, but the inner surface of the lower lip still shows the staining.

Before he was brought here the patient had had the influenza, which left him in a weakened state generally and especially in his digestion. Improper diet as to quality, and perhaps also as to quantity, induced a

dyspepsia resulting in a gastro-intestinal catarrh, associated with vomiting and followed by light-colored stools and general yellow staining of the visible surfaces, both mucous and tegumentary. This is catarrhal jaundice. It results from a catarrh, with consequent irritation and swelling of the mucous lining of the common bile duct and continues with the catarrh of the duodenum and stomach. The inflammation may extend not only to the smaller ducts of the liver, but even to the hepatic cells themselves. Jaundice from this form of obstruction varies greatly. Its depth is due to the completeness of the occlusion of the common duct. If incomplete, the jaundice may be slight, as in this case, or intense and long persistent where errors of diet protract the original cause. The jaundice from a biliary calculus, as a rule, lasts but a short time. The stone is either more or less rapidly carried into the duodenum or, if too large to be driven through, it may ulcerate in any direction or it crumbles and is easily voided as biliary gravel. The jaundice following an ordinary attack of bilious colic, is due, not to the obstruction of the duct by a stone, whose transit is too short lived to induce much, if any, cholemia, but to the biliary catarrh, induced by the injury to the mucous coat of the bile duct by the sharp, hard edges of the calculus which persists long after the stone has escaped. The treatment, in this case, has been chiefly mercury and sodium phosphate; and he has had removed from his diet everything that is constipating, irritating or stimulating. His nutrition has been altogether liquid or semi-liquid. It should be milk, with or without lime water or seltzer water, in varying amounts, according to the patient's preference. I prefer the latter where gastric catarrh persists. Peptonized milk may also be used when the stomach is to have thorough rest. Something must also be given to lessen the concentration of the bile which is started in the hepatic lobules as one of the most fluent of fluids. This fluency is due in part, as you know, to its dilution, but much more to its property of wetting animal membranes on account of its peculiar salts, the glycocholate and taurocholate of sodium, to which it owes its virtues in influencing the absorption of the emulsified fats. But while starting as an extremely dilute fluid, arrangement is made for the resorption of much of it before it reaches the duodenum. The ducts and the gall cyst are abundantly supplied with capillary vessels and special retention cysts are found into which the bile can enter and from which its liquid may be absorbed. In obstruction to the inflow, this is accentuated; and perhaps in this manner of direct absorption along the ducts and in the cyst, as much as by the backward pressure into the capillaries of the lobules, the bile tinges the blood and all the tissues it comes in contact with as well as all the secretions. The main object of treatment is to lessen the tendency to inspissation of the bile, by rendering it more alkaline, and to prevent the precipitation of cholesterin, which is excreted by the liver, and which, when it becomes concentrated, crystalizes and forms gall-stones.

What shall we give to produce this result? There is an old maxim in therapeutics, to give ammonium for the lungs, potassium for the kidneys and sodium for the liver. Although this maxim is not of universal application it nevertheless serves as a basis for therapeusis. Sodium being the basis for the liver salts is especially appropriate in aiding in preservation of the alkalinity of the secretions. Some advocate the use of the bicarbonate and others of the phosphate of sodium. I prefer the latter for the reason that the phosphate can be taken more easily and for a longer period of time. It should be given in doses of from one-half to one teaspoonful in half a tumbler of hot water one-half an hour before meals; and this treatment should be kept up until the jaundice begins to lessen, after which it should be continued in teaspoonful doses in the same way before breakfast. Some prefer the use of sodium benzoate; but I like the phosphate better, because it is laxative and is less foreign to the alimentary tract. In the beginning of the attack, however, the phosphate should be preceded by a course of mercurials. The purpose of the latter is not to stimulate, but to unload the liver; and the question whether or not mercurials increase the formation of bile does not enter into the discussion. It should be given in small doses, repeated often—one-twelfth of a grain every hour and with a grain or two of soda and a grain of sugar of milk. As soon as the bowels are completely unloaded, stop the mercurials and begin the use of soda on the plan given above. Copious injections of cold water are recommended by some physicians for the rapid relief of jaundice, in the catarrhal form, but I have had no experience with the plan.

COMMUNICATIONS.

HYPNOTISM AND SUGGESTIVE THERAPEUTICS.[1]

BY JAMES H. KING,
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Before considering the therapeutics of hypnotism, let us review for a moment its history and classification. Passing over the quackery of the ancient and Middle Ages, we find the first meagre attempt at an explanation offered by Frederick Anton Mesmer, a graduate of medicine in Vienna, who began to use the lode-stone as a cure for disease and explained its influence by the presence of a similar animal magnetism in man. He discovered, however, that the peculiar phenomena produced by his passes of the magnet could be produced by the laying on of hands, force of will, and so forth; and he dispensed with his magnets. His offices in Paris and branch offices in other parts of the country were thronged with patients, eager to be cured of all manner of ailments, real and imaginary. Animal magnetism was the name Mesmer gave to hypnotism, but his own name became closely associated with the condition, and to-day mesmerism is the name most universally employed to designate these peculiar nervous phenomena. Mesmer seems to have been chiefly actuated by a desire to enrich himself from the purses of a credulous public and made no scientific study or explanation of the peculiar nervous disturbances he induced. It remained for James Braid, of Manchester, England, to lift the veil of quackery from the statue of hypnotism. He began his studies in 1841, by attending the *séances* of La Fontaine for the purpose of exposing his impositions. He became convinced that it was not all imposition. He then tried to hypnotize a friend, his wife and a servant, by making them stare at a bright object placed above and two inches away from the root of the nose and was successful. Various experiments with these and other patients convinced him that the condition was not induced by the same power, fluid or magnetism within himself, but by a disturbance of the nervous system induced by the unusual strain put upon the muscles of accommodation and the optic nerve. He found that the sleep varies in different persons and in the same person at different times, from a very light sleep to deep coma or convulsion. He found that while subjects were hypnotized they obeyed his commands like an automaton. "One can play," said he, "on the sleeper as on a musical instrument and create dreams in their imagination that they accept as reality. In order to produce illusions and hallucinations you need only to declare in a loud voice and in a commanding or persuading manner, the thought, picture or sensation that you wish to call up in his mind." Suggestion is the term now technically applied to this "playing on the sleeper" that he so gragraphically describes. To illustrate: You place the patient in the attitude of death and he has solemn or fearful hallucinations; you place his lips in the position of kissing, and he has lovely apparitions. Tell him in a loud voice that his black hat is bright red and he sees it red, until you suggest that his hat is black, when the hallucination that it was red fades instantly. Though Braid's theories were correct, they received little endorsement from the medical profession. In France there were a few scientists who were alive to the importance of the subject, and, despite the criticism and ridicule of the profession at large, continued to experiment with it. Among these were Professor Azam, of Bordeaux, who published the result of his experience in 1860. Velpeau and Borea had used it successfully as an anodyne in surgical operations. Then followed the experiments of Professor Lasgue (1865), Liebault (1866), who demonstrated the value of hypnotism as a curative agent and as a means for improvement of character, morals and education. Investigation now became more general among men of high standing in both Germany and France and more or less throughout the Continent. Richer, Richet, Azam, Regnard, David, Dumont, Pallier, Cullerre, Hack, Tuke, Sapilli, Tamburrinni, Giessman, Obersteiner, Charcot and many others are the more recent experimenters and authors. Since 1886 a strictly scientific journal, *Le Revue de l' Hypnotisme*, has been published in Paris. With this short review of its history we will proceed with the study of hypnotism.

Susceptibility. There is a popular belief that but a comparatively small percentage of persons are susceptible to hypnotic influence. Liebault's experiments prove that about 90 per cent. of men and 94 per cent. of women are more or less susceptible. Children are

[1] Read before the Michigan State Medical Society, June, 1890.

more easily hypnotized than adults. The difference between the susceptibility of men and women is, as shown above, very little. The people of warm climates are more susceptible than those of cold. They are hypnotized in less time and the sleep is said to be very deep. Susceptibility seems mostly to depend upon the willingness of the patient and his faith in the hypnotizer. The methods of producing hypnosis are almost as numerous as the men who produce it. The most common method is that of Braid, already mentioned: having a patient stare at some bright object, so placed as to converge the eyes strongly. Passes, a simple command, "Sleep!" then striking a gong, simple and continuous pressure on the eyelids, staring at the eyes of the hypnotizer, etc., are some of the many methods. A traveling lecturer, whom I once saw, produced very satisfactory somnambulism by a sort of beckoning motion of the arm and by staring into the eyes of susceptible persons. He drew several from the rear end of a large hall with as much apparent readiness and as irresistibly as though he had a ring in the nose and a line attached. The oftener the patient is hypnotized the easier it is done. Perfect quiet or soft, monotonous music, soft light, perfect rest of the muscles, all aid in inducing sleep.

De-hypnotizing. Awaking the patient is also variously performed. The most common is to blow on the eyes or forehead, the simple command, "Awake!" dashing a few drops of water on the face, pressure on the ovaries, etc. The gentleman I saw simply tapped them on the shoulder and said, "Right!" The change was instantaneous. Blowing an one side of the face often awakens only that side, leaving the other side hypnotized, making one-half of a person a stranger to himself.

Stages of Hypnotism. M. Charcot divides the degrees of hypnotism into three: 1. The cataleptic, in which the patient becomes motionless as a statue, eyes open and staring, the limbs retain any position given them, no matter how tiresome and unnatural. A certain amount of vision and hearing remain; so that the patient is susceptible to suggestion, though not highly so. He is insensible to pain. 2. The lethargic state, in which the body is limp as though paralyzed, eyes wholly or partially closed, not susceptible to suggestion, with complete insensibility to pain. Lethargy can usually be converted into catalepsy by holding open the eyelids, and *vice versa* catalepsy can be converted into lethargy by closing the eyelids with gentle pressure. 3. The somnambulistic state. "You see her eyes are open—aye, but their sense is shut." In this condition the senses are often stimulated in a marked degree. Eyes are sometimes open, but more often closed or half closed. In this state the patient is highly susceptible to suggestion. There is hardly any limit to what the somnambule may be incited to do as we have probably all seen demonstrated by traveling hypnotizers.

Physical Effects of Hypnotism. The physical effects of hypnotism can be referred to only briefly in a paper of reasonable length. The increased acuteness of the visual, olfactory and other senses is sometimes bordering on the miraculous. Toquet exhibited a patient before the Medico-Psychological Society of Paris, who could see the image of objects reflected in a piece of pasteboard as readily as in a looking-glass. The value of coins, the faces of friends were all recognized as readily as in a polished mirror. In this patient the sense of smell was also greatly increased. A card was handed her of which she smelled, it was then torn up and hid in an adjoining room, under the furniture, in the pockets of spectators and similar places. Given a piece of the card she was told to find the remainder. She sniffed at it several times, then ran into the other room and began to search for the pieces of card where they were hidden, passing over those places where it was not. She would come to one who had a piece of card and ask for it, but if he denied having it she would attack him, shrieking and striking him until he gave it up. When other pieces of card were handed her similar to those which she sought, she would smell of them and then throw them aside, and she persisted in her search until the right ones were found. This, of course, was an extreme case, but the senses of sight and smell are frequently abnormally acute in the somnambulistic state.

Hyperæsthesia of the skin is very marked in the somnambule. The faintest current of air is usually appreciated by him at the same time that sensibility to pain is diminished or even absent. However, it would seem that sensibility or insensibility to pain depends more upon the influence of the hypnotizer than upon the true nervous susceptibility of the somnambule. In fact it seems to me impossible to determine how much the patient displays of his own feelings and

how much the feelings of the operator. He, for the time, is but a human machine, subject entirely to the control of the operator. He feels largely what the hypnotizer would have him feel, and is insensible to that of which he would have him insensible. For instance, to prove the conduction of thought through space, the hypnotizer goes into an adjoining room and burns himself on the wrist with a red-hot iron, leaving an observer in the room with his patient to watch the result. Instantly the patient clasps his hand on his wrist with an exclamation of pain, and in a few hours a bad blister, similar in size and appearance to the one actually made by the hypnotizer on his own wrist, appears on the wrist of the somnambule. Again to prove that the somnambulist is insensible to pain, the hypnotizer pricks him severely with a pin, to which the somnambule pays no attention. Query: Would the patient feel the pin if the operator wished to prove sensibility instead of insensibility? My impression is that he would. Our patient is so completely lost in his hypnotizer, as long as he is susceptible to suggestion, that the experiments seem to me to satisfactorily prove what he, in his own personality, is cognizant of, for he has no personality. He is, for the time being, a part of his hypnotizer and has no individuality. It is this mental passivity which renders it possible to make impressions upon the brain cells of the hypnotized, permanent in their effects, and often curative in their results.

Such acute hyperæsthesia as the somnambule often displays, seems to me, to be irreconcilable with complete analgesia. And again, that hyperæsthesia, is it his own, or is it due to mental suggestion from the hypnotizer? I am assuming that we have all read something of the subject, and we know that the hypnotizer may sit in his office and commune with his patient many blocks away. How can we assume, then, that the somnambule ever acts except through the influence of that subtle mental suggestion that we cannot deny the existence of, and that we cannot explain? In the lethargic and cataleptic states, on the contrary, the influence of suggestion is absent, or nearly so; and here we can plainly prove that the patient is insensible to pain. In lethargy the only special sense that remains is hearing, and this is so dull that only loud tones, shouted close to the ear, produce any response. The patient then shakes his head; he cannot answer. In catalepsy the senses are slightly active, but nothing like a keen perception of suggestion is ever present; and here again the evidence seems conclusive that there is no sensibility to pain. Muscular sensibility, however, seems especially active. Any position the hypnotizer gives the muscles conveys its impression to the brain. Flex the arms and double up the fists of the cataleptic and he is in a rage. Extend the arms and spread the fingers and he is in terror. By mechanically exciting the muscular system in the cataleptic, and especially the lethargic state, tetanus may be produced that resembles the tetanus of hysteria. The tetanus spreads rapidly from one set of muscles to another, and this experiment is often cruelly and dangerously displayed by the traveling mesmerist who produces such a rigidity of the muscles of the subject that he lies with his feet on one chair and his head on another, while the showman sits on his middle. The tetanus is removed by exciting the opposing muscles.

Lethargy and catalepsy have little practical therapeutic value. They are interesting chiefly from a surgical standpoint. Extensive operations have been performed without any anæsthetic except hypnotism, but chloroform is a surer anæsthetic and is far easier of application. Hypnotism was used by at least one surgeon, however, before the general adoption of chloroform. Between 1850 and 1860, Dr. Esdaile, of Calcutta, performed 600 operations on hypnotized Hindoos, who are very susceptible to hypnotism, and a committee of physicians and surgeons, appointed by the Indian Government, testified to his success. The patients, on awakening, denied that they had felt pain, and usually gave no evidence of suffering during the operation. Somnambulism, on the contrary, from a therapeutic standpoint, seems to open up a wide field to the investigating physician, and promises to become of great therapeutic value. In this state the patient is superlatively active to suggestion. As I have said, he seems to be entirely under the control of the hypnotizer. His will is merged into that of the operator, and opposition, that guardian of man's welfare, forever active in the natural state in all animals, is dormant. This is a wonderful condition. To have the mind of another absolutly under our control, without any desire to rebel, is something of which we can scarcely conceive. The brain cells are open to any suggestion we desire to make, and above all we

can produce the impression while the patient is asleep, and when we awaken him he cannot remember what has been done. He is robbed of the chance to oppose the influence with his will, but the impression on the brain remains, acting on the nervous system, unconsciously to him, yet with irresistible power. Innumerable instances of this might be given from the experiments of those whose words cannot be questioned, and witnessed by so many that the evidence is overpowering, but I will adduce but a few. Bernheim told a hypnotized patient that on the sixth night following the *séance*, the nurse would come to her and pour cold water on her legs. When awakened, she, of course, remembered nothing of this, but on the morning following the sixth night, she complained loudly that the nurse had come in the night and poured cold water on her legs. Bernheim called the nurse and she denied the accusation. Bernheim then told the invalid that it was but a dream that he had given her. "You know how I make you have dreams." But she persisted that the water was actually poured; she saw it and became wet.

Again, a single quotation from Rechet's experiments: "After B. had been hypnotized, I used to say to her, you will return to me on this day or that, at this hour or that. She remembered nothing of this when she awoke, but said of her own accord, 'When shall I return?' 'Whenever you can, some day next week.' 'At what hour?' 'At any hour you like.' With astonishing precision she always returned at the day and hour I prescribed during the hypnosis, although she did not remember anything when she awoke. Once when she arrived she said, 'I do not know why I came now. The weather is terrible. I have company at home. I have been running to get here. I have no time to stay, but must immediately return to my callers. It is too silly. I do not understand why I came here. Can it be by some magnetism?'" Think of a patient running through the rain from an irresistible impulse implanted a week before and of which she was ignorant. And last, but not least, think of the source of income a few hysterics offer to the young physician with a limited practice.

Suggestive Therapeutics. I have adopted the term used by Frederick Björnström to designate the influence of hypnotism on morbid conditions. There is a class of cases that are the very torment of the medical profession; that call the doctor from his bed at midnight, pester him at his office hours and worry the very flesh from his bones, unless perchance it has the opposite effect, and, like Falstaff's grief, "Blows a man up like a bladder."

It is in this dilemma that hypnotism holds out encouragement and often effects a cure where medicine has failed.

Hypnotism is most useful in cases of nervous headache, imaginary syphilis, phantom tumor, and the allied "numb spells, choking spells," and all the other familiar manifestations of hysteria, where internal remedies are almost or wholly powerless, and that usually go the rounds of the profession and at last often only obtain relief at the hands of some Christian scientist to the discredit of the medical fraternity.

A patient suffering from a nervous headache is put quietly to sleep by hypnotism and the irritability of the nervous system is soothed to rest. While in this condition she is told confidently, that when she awakens the pain will be gone. As I have said, doubt is at rest; faith has full play, and the influence on the nervous system is unopposed. The brain has received a lasting impression; and, though when she awakes she is unconscious of it, the soothing influence remains to prevent the return of the irritability and pain.[1]

Hypnotism as an Educational Measure. Liebault claims to have used hypnotism in several thousand cases as a means of stimulating study in dull and lazy school children. He says it has always been a benefit, never has been injurious, and frequently has made an industrious, apt pupil out of a careless and apparently dull boy.

Hypnotism as a Counter-irritant. Causing blood to flow by drawing some smooth polished instrument, as an ivory tooth-brush handle over the skin of a somnambule is an old-time feat. Decided blisters have lately been produced by suggestion, and I will close my paper with one very interesting case.

The experiment was made by Facachon in the presence of Bernheim, Liegeois, Liebault and Beaumis. The subject, Elise, was hypnotized at 11 A. M. She was then told that a fly blister was to be put upon her back. Instead of the blister eight postage stamps were placed on her back, in a situation she

[1] Dr King's paper contained details of a number of cases on record in which hypnotism was used as a therapeutic measure. They are omitted here for want of space.—ED. REPORTER.

could not reach, and a bandage applied. A strip of the same kind of stamps was simultaneously applied to the arm of a hospital patient for eighteen hours without effect. Elise was closely watched during the day, and at night was locked alone in her room, after being hypnotized and assured that she should sleep soundly until seven the next morning. She awoke punctually at seven. One hour after Facachon removed the bandage in the presence of the scientists above mentioned. The stamps had not been disturbed. Beneath the skin was intensely red, but not blistered. It was covered with a dry compress, and at 4 P. M. the spot was photographed, with four or five blisters showing plainly in the picture. After fourteen days the spot was still suppurating. After several experiments of this kind, Facachon conceived that if he could excite the vaso-motor and other nerves sufficient to produce a blister, by suggestion, he should also be able to benumb them sufficiently to make cantharides inoperative. A piece of Spanish fly plaster was cut in three parts. One part was put on the abdomen of a hospital patient, and Elise was hypnotized and one piece put on each arm. Suggestion: the plaster on the left arm will have no effect. The piece on the abdomen of the hospital patient raised a blister in eight hours. The one on Elise's right arm raised one in nine and three-fourths hours, that on the left arm had no effect. Both were left on the same length of time and were from one piece of plaster and applied exactly in the same way. Similar experiments have been made by others, this experiment was made in the presence of these well-known scientists. The girl was carefully watched, and every chance of error seemingly excluded.

SINGULAR MENTAL DISTURBANCE IN A CASE OF GRIPPE.

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An account of the eccentric behavior of a patient with the *grippe* who came under my notice during the late visitation may be of interest to the readers of the REPORTER and useful as a contribution to the history of this remarkable malady.

Walter S., nine years old, had always been a healthy, intelligent and good boy. He was taken down in the usual way with an attack of the grippe on January 1, 1890, but was up and about again in ten days, although he did not resume his former strength. February 2, he suffered a relapse, which began with muscular pains in the body and extremities. Dr. W. W. Moody was then called in and found the boy able to sit on a chair; had no fever, his appetite was poor, he was listless and peevish and preferred to be undisturbed. There were no catarrhal troubles of any kind and none of the organs or viscera seemed specially affected. February 17, facial twitchings were observed, but there were no general nervous symptoms noticed until February 25, when the boy was confined to bed because of exhaustion and a peculiar unilateral chorea.

From this time until May 6, the child's appetite was variable, though generally very poor. He continued to lose strength and flesh, becoming quite emaciated. Before this, at different times, Drs. H. Long and F. L. Haupt had seen the patient and there was no one who had ever seen anything like it before. This was my conclusion when I first saw the boy with Dr. Moody on May 12. For nearly a week he had absolutely refused to even taste anything like food. His mother had "fooled" him, in different ways for a time, but she had exhausted all her ingenuity and was in despair. The boy took his medicine willingly and never complained of its taste, but he was possessed of what was certainly a monomania regarding food and could not be induced to touch even a spoonful of milk. The temperature, tongue, skin and bowels were normal. During the night he slept as regularly and quietly as ever, but as soon as he was awake in the morning he would persist in assuming the prone position, with his face to the left, the right hand closed and drawn up behind the head, his left free in front and his left instep crossed above his right heel. In this unnatural and uncomfortable position, and with his eyes partly closed, he would lie all day. At intervals of every half minute he would utter a short, low-pitched nasal moan, strike with his right hand and, flexing both legs without uncrossing them, give a sudden kick. These were all the choreic symptoms noticeable, except that he either could or would not protrude his tongue. His mind was clear, with an added acuteness that suggested cunningness and, almost, intentional perverseness at times. Yet I believe his refusal to partake of food

was due to some occult neurotic disturbance. As mentioned before, all the organs were normal, there was ability to swallow, digest and appropriate food. He could distinguish odors and flavors. I found a tenderness along the spinous processes from the fifth dorsal vertebra to the occiput, with hyperæsthesia of the parts of the neck, shoulders and back corresponding to the spinal nerves of the same regions.

I advised that food be given him in any manner possible and that he be removed to the country as soon as arrangements could be made, trusting to change of surroundings to effect some kind of a mental change. All medicine was discontinued. A prescription was *written* with solemnity and ostentation. It was written for effect only and the patient was carefully told of its importance and allowed to hear the verbal instructions relating to its careful administration. The prescription, however, was quietly compounded in the kitchen and all the constituents were articles of food. The excipient was an infusion of malted barley; this held cream and beef peptonoids and was medicated only by the admixture of a little licorice. The preparation was put into a new eight-ounce prescription bottle, and marked with appropriate doses upon a prominent, red-bordered label. In this manner the boy was fed until the first week in June, at which time he had been in the country for a week. Then, for no reason that is known, he refused to take anything into his mouth except what he was positive was water.

The case became now well-nigh hopeless. The parents were entirely discouraged and Dr. Moody felt that there was little to hope for. He, however, like the faithful old physician he is, stood by his duty and ordered nourishment, by the nares, to be introduced with a syringe. By forcibly overpowering the child, this *dernier ressort* was followed, doing nearly as much harm as good, the patient becoming more feeble, emaciated and starved, until in the evening of June 21, turning to his little sister, who was eating some bread and butter, he whispered: "give me some of 'at." This was the start. Careful nursing and feeding has since so far restored him to health that he is able to walk about the yard at his home and has lost all the cadaverous appearance of one month ago. He is going to get well again, because he was fed.

The points of the case are few. This was a genuine case of the *grippe*. The disease was purely a neurosis and the story of its manifestations may be of as great interest to others as they were to me.

CÆSAREAN SECTION, WITH REPORT OF A SUCCESSFUL CASE.[1]

BY D. LONGAKER, M. D.,
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By the growth of the new art and science of abdominal surgery the most venerable of all operations involving the abdominal cavity has assumed a new and growing importance. The successes of individual operators the world over are sufficient proof that this operation can no longer be considered a *dernier ressort*. These successes indicate that this may yet become the most brilliant of all operations, and that its mortality may be the lowest of any which invades the abdominal region.

Prior to the commencement of the last decade the mortality of women operated on ranged from 50 per cent. to 100 per cent. in round numbers.[3] The more favorable results were obtained in American cases, in the rural districts; the worst in the large maternities of continental Europe. When timely operations alone were considered, the results were found much more encouraging, showing a mortality of 25 per cent.[4] The appearance of Sænger's work on Cæsarean section, in 1882, marks the beginning of a new era. Leopold, of Dresden, was the first surgeon to put its suggestions into practice, and saved both mother and child in his first ten operations. A later report[5] shows a loss of two mothers in twenty-five cases, all the children being saved.[6]

Eight of the last ten operations by Philadelphia operators were successful.

By Cæsarean section is meant the delivery of a fetus by an artificial passage, an incision through the abdominal and uterine walls. In the classical operation there is no mutila-

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[1] Read before the Northern Medical Association of Philadelphia, June 27, 1890.

[2] Three successful Cæsarean sections.—*Am. Journ. of Obstet.*, vol. xxiii, p. 225.

[3] Lusk, *Science and Art of Midwifery*, 1885, p. 435.

[4] Harris, *Am. Journ. of Obstet.*, vol. xiv, p. 341.

[5] *Year Book of Treatment*, 1890, p. 241.

[6] *Archiv. fur Gynæcologie*, Band xxxiv, s. 301.

tion, in contradistinction to utero-ovarian amputation, or the operation of Porro. Delivery of the child by laparotomy after rupture of the parturient uterus does not constitute a Cæsarean section.[1]

Gaillard Thomas's operation, laparo-elytrotomy, differs in the two points that neither the peritoneal cavity is entered nor the uterus incised. The operation is done at or near full term.

Cæsarean section is done either for a relative or an absolute indication. In order to clearly understand the meaning of these terms, let us suppose cases. An obstruction to delivery is found in the pelvis, it is impossible to deliver the child alive, its heart sounds are heard; we know, however, that the obstruction is not sufficiently great to render the delivery of the child by the natural passage dangerous to the mother if craniotomy be done. To do a section in this case is to do it under the relative indication. If the child is dead it is out of the question.

Again, an obstruction exists so great or of such a nature as to render extraction after craniotomy more dangerous than the Cæsarean section. Here it would seem evident that but one plan of delivery was to be adopted whether the child were dead or alive. The indication for the operation is absolute.

Leaving out of sight, for the present, the consideration of the question of the justifiability of craniotomy on the living fetus, the decision when not to attempt delivery by the natural passages is still a most important one; for the question will continue to come up under circumstances in which the mother's life and safety alone are our care, because the child is dead. The case of Elizabeth Sherwood[2] illustrates what can be done. Dr. Osborn delivered her through a pelvis measuring less than an inch in its true conjugate diameter! Parallel cases are recorded. The question, however, is not what can be done, but what can be done without endangering the mother's life; for craniotomy, *per se*, should give no maternal mortality. Leopold reports ninety-two cases with no mothers lost. His opinion, that it is safer than Cæsarean section, is entitled to great weight. In the presence of how great a degree of obstruction does this remain true?

[1] Harris, *Am. Journ. of Obstet.*, vol. xiv, p. 856.
[2] Lusk, *Opus cit*, p. 490.

If the case is one of deformity or contraction of the pelvic diameters the question is more easily answered than where the obstruction is due to a tumor in the pelvis. From the danger of laceration of the soft parts, of inflammation and gangrene in the tumor, due to pressure, the nature of the case is relatively more serious, and consequently the indication for Cæsarean section clearer.

In the case about to be reported, one lateral half of the pelvis was occupied by a solid growth. There was no attempt at engagement of the head, in spite of severe expulsive pains which had existed for hours. Under such circumstances it seems safer to consider the indication for a Cæsarean section absolute. The same rule should be observed in contracted pelves, the true conjugate of which is two and a half inches or under. The reason will be evident for this when it is remembered that where the antero-posterior diameter is narrowed to this extent the transverse are also below the normal. The case is one of generally contracted flat pelvis. Delivery through it would be found difficult, dangerous and perhaps fatal.[1] Fortunately the complication of labor by ovarian or uterine tumors is not frequent. It does, however, occasionally occur, and often, I believe, with very serious results. It is to be regretted that reports of cases thus complicated are not more frequent. The reluctance with which fatal cases are reported should not stand in the way. Future reports and investigation may show that the presence of such a tumor is a contra-indication to delivery *per vias naturales*.

On May 26, 1890, I was summoned by my friend, Dr. Swartzlander, of Doylestown, to a case of labor. The patient's history is as follows: Mrs. W., forty years old, was born in Germany. Had borne in all eight children, the last one six years ago. During the last four years she had had three abortions. On Sunday, May 25, at 10 P. M., she was taken in active labor, and the membranes ruptured early in the evening. Dr. Swartzlander reached the patient at midnight. She had severe pains throughout the night. They were not so frequent nor so severe during the morning, and there was slight elevation of temperature by this time.

I saw the patient first at 2 P. M., or six-

[1] Paper by Author, *Am. Journ. of Obstet.*, vol. xx, p. 477.

teen hours after commencement of active labor and about eighteen or twenty hours after the membranes had ruptured. She was generally in a fair condition, a woman of large frame and robust physique. The vulva and vagina were œdematous and dry; a greenish-brown discharge had appeared, as to the nature of which we were in doubt. The right half of the pelvic cavity was occupied by a tumor, closely adjacent to or involving the cervix on this side, and extending over to the lateral wall of the pelvis. Inferiorly the tumor appeared to fluctuate, but when the hand was passed up higher no fluctuation was felt. The os was partially dilated, admitting the half hand. The fetal head was high up and only accessible after passing the fingers of the hand up through the os and above the pelvic brim.

Cæsarean section without delay was advised. Preparations for the operation were begun as soon as the nature of the case had been explained to the patient and her husband, and their consent gained. The fetal heart was still heard just prior to the commencement of etherization. All hands were set to work preparing boiling water, finding basins, pitchers and other necessary utensils, removing furniture and securing more medical assistants. Present at operation were Drs. Kirk and Swartzlander; the former kindly took charge of the etherization and the latter ably aided me in the successive steps of the operation. The incision through the abdominal walls and uterus was speedily made. The latter was first entered by a short incision and then enlarged with scissors, using the finger as a guide. The child was quickly extracted by the feet; no difficulty was experienced with the head. It was not arrested. From the great thickness of the tissues first incised, I feared the placenta was under the anterior uterine wall, but it was not. Hemorrhage was at first profuse. It was arrested by the delivery of the placenta and by pouring water into the uterine cavity. The temperature of the water was about 112° F. Firm contraction was caused in this way. As there was little relaxation afterwards, and therefore but slight bleeding, all the sutures were introduced before any were secured. There were nine deep braided-silk and twenty Chinese twisted-silk superficial sutures. These were passed two between each two of the former. By tying first the superficial ones and then the next deep one inversion of the serous membrane was very perfectly accomplished. The deep sutures were tied more firmly than is the rule when passed into other than uterine tissue. This was rendered necessary by the shrinkage of the tissues within the grasp of the suture. The patient was put into bed with a pulse of 120 and temperature of 99½° F.

Prior to the operation, the vagina had been douched with 1-2,000 bichloride solution, the abdomen washed with same solution and the parts shaved. The wound was dressed with bichloride gauze. A drainage-tube was introduced. It is unnecessary to mention the other details of the operation, as they did not differ in any point from those observed in abdominal work in general.

The child was a well-developed male (since named Julius Cæsar). The meconium had been freely discharged into the uterus. The child was laid on a blanket, and it was ten minutes before there was any respiratory movement. In perhaps twenty minutes the infant was breathing regularly, and at the conclusion of the operation he was crying vigorously to the gratification of all.

On May 27, the day after the operation, I received the following note: "Our patient looks fairly well this morning; her pulse is 120 and her temperature 99½° F. She vomited a little during the night from the effects of the ether. She took a little hot water. Half a pint of urine was drawn off. The dressing, which was soiled over an area as large as my hand, was renewed. The drainage-tube was removed and the suture tied." On May 29, Dr. Swartzlander wrote: "I saw our patient at nine this evening and found her in a very good condition. Her pulse was 95 and her temperature was 101° F. She was not so well last night and had pains through abdomen, which were relieved by a rectal tube. I use vaginal douche twice daily, which refreshes her greatly. There is considerable lochial discharge. Her countenance is easy, she looks cheerful and there are no signs of peritonitis. I feel confident of success."

June 2. "The patient is still in good shape. Her pulse is 85 and her temperature 100° F. I will give her small doses of hot Hunyadi water with an enema this evening. I will leave the sutures in until after movement of bowels."

June 3, eighth day after the operation. "The patient still looks well. Her pulse is 80 and her temperature 100°. She had a copious stool. I removed the deep sutures this morning. There was a stitch abscess

containing about ½ oz. of pus. The wound otherwise looks well. I think the continued high temperature has been due to the stitch abscess."

This small abscess healed rapidly and there was no further complication. Convalescence was uninterrupted. The child was not applied to the breast, but was fed by the bottle. Both mother and child are at this date—a little over a month since the operation—doing well.

A few words as to the technique of the operation. The most important step is the suturing. Sænger's original plan involved resection of the uterus after dissecting up the peritoneal investment, in such a way that this would fall down between the two sides of the uterine wound, where it was held by the superficial sutures. As this was found unnecessary, the resection has been abandoned. It was found that the peritoneal surfaces could be easily brought together without resection.

The elastic ligature around the cervix was not used. No ergot was given in any form. Uterine contraction and arrest of hemorrhage were secured by delivery of the placenta and by the hot-water douche. The hot water was poured from a pitcher into the uterine cavity. The presence of the sutures appeared to promote the uterine contraction.

This operation cannot be regarded "as by long odds the easiest of all the abdominal operations." If it is to succeed, it must be done without an error in the technique and with expedition. The general practitioner, as a rule, allows the eye surgeon to operate on his cataract cases. The duty of securing special skill is certainly more incumbent in an operation which involves the fate of two beings than it is in one which involves only the danger of loss of an eye. It is not an operation for the inexperienced in abdominal surgery, and the circumstances must be rare indeed in which he would be justified in operating.

What can be said in extenuation of the conduct of two men who, equipped with a pocket-case of instruments, without any skill whatever, undertook this operation in a city in which there are a dozen operators, skilled and ready to operate with reasonable chances of success?

In conclusion, the writer desires to call attention to the necessity of examining, especially primiparous patients, before they are in labor. About six weeks before the end of gestation abdominal palpation and pelvimetry should be done, so that the nature and degree of pelvic obstruction being known, the appropriate operation may be chosen in each case and the ideal of the art reached—mother and child saved in every instance.

So long as this is not done there will occur cases in which it becomes necessary to sacrifice the child's life in the interest of the mother's own safety. After injudicious traction with the forceps the chances of successful abdominal delivery, though the operation be done ever so skilfully, are greatly diminished. I believe the rule under such circumstances should be perforation and craniotomy at once in cases of contracted pelves; the true conjugate being not under 2½ inches. In tumor cases more knowledge is required before any absolute rule can be laid down. Though craniotomy on the living fetus may become necessary and be justifiable, repeated delivery of the same woman by this method is not.

ESTABLISHING TOLERANCE FOR THE TUBERCLE BACILLUS.

BY SAMUEL G. DIXON, M. D.,
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In the *Medical News*, October 19, 1889, I advanced the idea that, to overcome infection by tuberculosis it would probably be necessary to produce a tolerance to the action of the tubercle bacillus and advanced the following hypotheses:

First. It is possible that, by a thorough filtering out of bacilli from tubercular material, a filtrate might be obtained and attenuated, so that by systematic inoculations a change might be produced in living animal tissues that would enable them to resist virulent tubercle bacilli.

Second. To bring about a chemical or physical change in living tissues that would resist tubercular phthisis, it is possible that inoculations with the bacillus would have to be made; yet, before this could be done, the power of the virulent bacilli would have to be diminished; otherwise the result would be disastrous.

I also stated that I had met with success in preventing subsequent susceptibility to phthisis by inoculating animals with what I believed to be an unusual form of the tubercle bacillus, and that I had succeeded

in producing a marked morphological change in this bacillus, doing this by subjecting it to different degrees of temperature, moisture, pressure and changes in food stuffs.

It is quite impossible to state how this immunity was produced; yet it is quite possible that the organisms in the changed forms have not sufficient vitality to live in the animal economy, and, therefore, the only active portion of the matter injected is a chemical product carried in with the bacilli and which is poisonous to the ordinary tubercle bacillus. Or again, it is possible that the organisms themselves are antagonistic to the bacillus of Koch. It is also possible that this unusual form of bacillus produces, when in the animal economy, that which kills the tubercle bacillus. Or, we can believe it possible for this new form to consume that from the animal tissues necessary for the existence of the tubercle bacillus, and by a different metabolic process to form a product non-poisonous to animal life.

From the fact that we all inhale tubercle bacilli daily without contracting phthisis, except in odd cases where there is a predisposition or where a great number of bacilli are taken into the system, we are inclined to believe that a change, either chemical or otherwise, must take place in the normal tissues before we can contract the disease. If this be so, we must aim at correcting that change, and it seems within the range of possibilities that such a correction might be brought about by a chemical substance or by stimulating the tissues by micro-organisms, harmless in themselves either through their degree of vitality or their kind.

Be this as it may, it will probably be interesting to the scientific world to know that the results published last October have been uninterruptedly corroborated by a series of inoculations of the prepared virus into guinea-pigs, rabbits and opossums, after which they have resisted matter so virulent that all animals not previously inoculated with the changed virus took on tuberculosis when inoculated with it.

August 29, 1890.

—The digestibility of starch is greatly increased by prolonged cooking, says Dr. N. Butiagin, and since the ptyalin value of saliva is diminished by disease, starchy foods for invalids should be well boiled, in his opinion, three or four times as long as ordinarily.

HOSPITAL NOTES.

NEW YORK POST-GRADUATE MEDICAL SCHOOL.

SERVICE OF DR. ROBERT W. TAYLOR.

Unusual Source of Syphilis.

The first case was of peculiar interest owing to the unusual manner in which the patient had become infected with syphilis. She was a married woman, twenty-four years old, who had a healthy child, and who gave no evidence of being syphilitic before her admission to a hospital ten months before. She had been married four-and-a-half years, and was admitted because of some ovarian trouble. Laparotomy was performed, and about one week later, at the time of the first dressing, the strips of adhesive plaster were torn off from the skin of the abdomen rather rudely, leaving a raw surface. This surface, instead of healing, became more and more irritated and unhealthy looking, and after about seven weeks, other sores broke out upon her body. She was in the hospital altogether about six weeks. At the present time, there was a circular eruption, which, from the incrustation, color, and slight amount of scaling, was presumably syphilitic. Upon the buttocks and lower extremities were other patches, those on the thigh showing a tendency to inflammation, owing to the presence there of varicose veins. The whole case presented a typical syphilitic physiognomy, and the eruption was, in the main, a papular syphilide. The infectious material was conveyed to the raw surface left by the plaster, either by instruments, the plaster, or by the hands of the dresser. The case taught an important lesson as to the care that should be exercised by the attendants upon the sick, to prevent such accidents. Dr. Taylor said it recalled to his mind a case in which a medical friend touched a slight excoriation on the glans penis with a short piece of nitrate of silver, which was worn down to the level of the silver caustic holder. The patient shortly afterwards developed syphilis, and the history of the case made it very probable that the source of infection was this caustic holder. All such applications should be made by means of wooden tooth-picks, covered at their ends with cotton, which are used only once.

This patient was taking one-third of a

grain of the protoiodide of mercury with iron and quinine and hyoscyamus, according to the formula already given. The crusts should be removed from the excoriations, iodoform dusted over the surface, and a bandage applied. The papular patches would be rubbed three times a day with mercurial ointment, and wherever possible, a plaster consisting of equal parts of mercurial and zinc ointment would be kept constantly applied.

Miliary and Papular Syphiloderm.

The next patient was a woman presenting a typical picture of the small miliary papular syphilide. She had had the disease about five months, and the present eruption was a relapse. This lesion was peculiar in the fact that it was very prone to undergo certain inflammatory changes causing infiltration, and the exudation of serum, which, finding its way upwards to the apex of the lesion, gave rise to a vesicular appearance. There had been much dispute as to whether vesicular syphilis ever existed: this case showed the only way in which it was ever found, *i. e.*, as an accidental complication. It might also occur with the large papular syphilide. Sometimes the contents of these vesicles became cloudy from admixture with leucocytes, and pustules were formed, and were due to the introduction of microbes. These lesions were to be distinguished from the pustules which belonged to the syphilitic process, and were therefore not of extraneous origin. This case was still further complicated by the presence of a seborrhœal inflammation of the scalp and face, shown by the presence of brownish and yellowish crusts in the former situation, and gummy oily crusts matted together on the forehead. This eruption plainly occupied the classical site of such syphilitic eruptions on the face, *i. e.*, a wedge-shaped area from the centre of the forehead to the glabella, then in the form of a mustache, passing from the nasal alæ to the labial furrows. In the localities where the sweat follicles were abundant, coincident with the development of syphilis, one would find sebaceous matter thrown out sometimes in such abundance as to obscure the typical lesion. In addition to the lesions already mentioned, this patient presented a typical but declining iritis. Dr. Taylor said that iritis was more commonly found in connection with the miliary syphilide than the other forms of syphilitic eruptions.

The case was interesting as bringing out several useful therapeutic points. The seborrhœa of the scalp could be cured by thorough cleansing, and then washing with a 1-2,000 solution of the bichloride of mercury. On the face good results would follow the use of the following ointment:

℞ White precipitate . . . Twenty grains
Zinc ointment,
or Lassar's Paste . . One ounce.

Daily inunctions of twenty grains of mercurial ointment should be given, always remembering that a thorough cleansing of the part with warm water, previous to the application of the ointment, softens the epidermis, quickens the circulation, and promotes absorption. In addition to these measures, the patient should receive iron and quinine, with plenty of good food and fresh air.

Iodic Purpura.

Dr. Taylor then presented a man, twenty-eight years of age, who had a mild form of the purpura induced by the administration of iodide of potassium. The eruption generally consisted of round and oval spots, the size of a pin's head or a little larger, which were not blanched by pressure, and which were due to true hemorrhages under the skin. The eruption was most commonly found upon the legs, but sometimes on the forearm and neck. Another point of interest in this case was a hyperplasia of the whole thickness of the mucous membrane and epithelial structures about the mouth, following mucous patches. This man had been a hard smoker, and had been accustomed to carry his pipe on the side of the mouth where the lesion was most pronounced, and this was usually the case.

As the mouth was sore and liable to be disturbed by the administration of mercury by this channel, the lecturer advised the use of inunctions and of a gargle consisting of eight grains of the bichloride of mercury and one-half ounce of the tincture of myrrh to eight ounces of water. If we expected to cure this case, it was absolutely necessary to get rid of the thickening of the mucous membrane. Very many cases of epithelioma of these parts began in such syphilitic hyperplasias. In order to reduce the inflammation, the patch should be painted with tincture of iodine three time a week, and if this were not sufficient to wither up the epithelial hypertrophy, it should be very carefully touched with liquor potassæ or perhaps

with Paquelin's cautery. These cases demanded active, intelligent and persistent local treatment.

Syphilis and Gonorrhœa.

Dr. Taylor introduced the next patient as one who bore many of the scars of Venus upon him, and the statement seemed justifiable in view of the fact that he had a hard chancre of the penis of ten weeks' duration, with balanitis and gonorrhœa of more recent origin; and, in addition to these, a general and copious eruption, in some parts a papular syphilide, and in others a roseola. This latter circumstance showed that the roseola was often only the forerunner of a papular syphilide, and that both were but different stages of the same syphilitic process. The eruption on this patient's forehead and face presented the typical syphilitic facies; and in localities which were subject to pressure and friction, as on the sides of the abdomen and thorax, the papules were larger and of a deeper color. For a similar reason the eruption would be unequally developed on lower parts of the body, depending upon the patient's habitual position.

In considering the question of treatment, it was important to remember that the lesions exhibited by this patient showed that his system reacted exuberantly to the syphilitic poison, and in marked contrast to the woman presented to the class just before. This meant that the treatment should be prompt and vigorous. In addition to tonics and the regular course of inunctions with blue ointment, this man should receive one-third of a grain of the proto-iodide of mercury three times a day. Smaller doses than this were entirely inadequate, and unnecessarily procrastinated the cure. Dr. Taylor said that the medical attendant should be firm in advocating the employment of inunctions, notwithstanding the objections urged by the patient against their use; and in private practice, except upon the face, he employed the blue ointment. A more suitable application for the face was Lassar's paste, to which is added twenty grains of white precipitate to the ounce. The oleates were not reliable, and on this account he did not advise their use.

Tinea Tonsurans.

Dr. Taylor then showed a man who five months before had noticed a scaling patch develop on his face shortly after being shaved by a barber. This man, the lecturer said, undoubtedly had ring-worm in the nodular stage, and the nodules were the result of the inflammation caused by the trichophyton tonsurans burrowing down into the hair follicles. A patch was found near the angle of the jaw and on the left side, but the cheeks and chin were not affected. This was not at all uncommon. The long duration of the disease excluded sycosis and abortive furuncles; and in addition to this, the former disease was not accompanied by so much brawny nodulation, and if it were the latter disease, there would be evidence of suppuration. The affected parts were red and scaly; the hairs were dull and lustreless and showed a tendency to break off.

The parts should be bathed with very hot water and soapsuds, a solution of cocaine applied and the hairs methodically epilated. After this, a solution of bichloride of mercury, two to four grains to the ounce, should be applied, and excessive inflammation combatted by the use of zinc ointment. The beard should be kept quite closely shaved, and epilation resumed upon the first appearance of a red spot around a hair.

FOREIGN CORRESPONDENCE.

LETTER FROM BERNE.

Fluorescin as a Means for Diagnosticating Ulcers of the Cornea.—Pyoktanin as an Antiseptic. — Trephining for Meningeal Hemorrhage.—Ivory Radius. —Iodoform in Fumigating Arthritis and Parenchymatous Goitre.

Professor Haal, of Zurich, warmly recommends the instillation into the eye of a two per cent. alkaline solution of fluorescin as a simple, safe and thoroughly reliable means for determining, first, whether the epithelial lining of the cornea is intact or absent; and, second, whether a corneal ulcer has healed (that is, has become covered with new epithelium) or not. As physiological and clinical experiments have shown, a normal or intact cornea is not dyed by the coloring matter of fluorescin, the membrane becoming stained only in the presence of epithelial defects.

As to the pyoktanins ("pus-destroyers")—blue and yellow aniline dyes, recently introduced and patented by Professor Stilling

as antiseptics of an extraordinary power—Professor Haal has found that, in cases of corneal serpiginous ulcers, they are by no means superior to other ordinary antiseptics, such as chlorine water, corrosive sublimate, iodoform and thermo-cautery. In one of his cases of this kind, blue pyoktanin (methyl violet) caused serious suppuration of the cornea. Meanwhile, Dr. Oscar V. Petersen, of St. Petersburg, who tried Merek's blue and yellow pyoktanins in forty-eight cases of pannous keratitis, irido-cyclitis, gonorrhœal ophthalmia, conjunctivitis, soft and hard chancres, etc., arrived at the conclusion that the substances possessed a most pronounced antiseptic action, while being free from any toxic or disagreeable effects. He used the dyes either in the shape of powders (1 part of pyoktanin to 2,000 parts of talc), or in aqueous solutions (1 to 2,000, 1 to 100), or pencils (made of pure pyoktanins).

To verify the patentee's statements, Dr. M. Jakowski, of Warsaw, has carried out a long course of elaborate bacteriological experiments with the bacillus of anthrax, staphylococcus pyogenes aureus, typhoid rod and Friedländer's microbe of pneumonia. While, on the whole, confirming Stilling's results, the author draws attention that *pyoktaninum cæruleum* acts by far more energetically than *pyoktaninum aureum* (auramin). At all events, the latter destroys the anthrax microbe more easily than the bacteria of suppuration (staphylococcus). Meanwhile, when blue pyoktanin is added to a cultivation medium (jelly or agar-agar) in the proportion of 1 to 5,000 or even 1 to 10,000, none of the bacteria experimented upon can grow either at the ordinary room temperature or at that of the body.

International literature on pyoktanin has been of late growing at a rather alarming rate. It abounds already in most contradictory assertions. It is worth mentioning that Dr. Roeloffs, of Leipsic, happened to observe (in 5 out of 15 cases) eczematous rash around wounds treated with the aniline dyes, while Dr. Carl, of Vienna, saw a distinct aggravation in a case of corneal affection, and Dr. Brauneschweig met with several instances of an intense croupous conjunctivitis following the use of pyoktanin.

Professor Kroenlein, the distinguished surgeon of Zurich, presented to the recent thirty-ninth yearly meeting of the Schweizerischer Aerztlicher Centralverein a brilliant case of surgical interference for cerebral injury. A man fell on his head, the accident being followed in a quarter of an hour by coma, vomiting and other manifestations of increased intra-cranial pressure. On examination six hours later, the patient's skull proved to be intact. The absence of any depressed fracture, the presence of the pressure symptoms and the important fact that the latter had made their appearance after a certain free interval, led to the diagnosis of an intra-cranial hematoma caused by rupture of the middle meningeal artery (on the right side). Without any delay, trephining at the corresponding spot was performed and hemorrhage (the artery still continuing to bleed) arrested by plugging with iodoform gauze. In two hours the patient's condition markedly improved; in six hours he became conscious; in five weeks he was discharged in the best of health.

The same Swiss surgeon showed a remarkable case of excision of the lower third of the radius (on account of myelogenous sarcoma of the bone) in which the remaining gap had been filled up with an artificial ivory radius. The latter had become united and fixed in a reproachless manner, the limb retaining its normal usefulness. Professor Kroenlein adds that he is about to insert a similar "inner prothesis" or "permanent inner splint" in another case where the whole radius has been removed.

Dr. Boehny, of Stein-am-Rhein, highly eulogizes the treatment of fungating arthritis by intra-articular injections of a 7 or 8 per cent. solution of iodoform in oil of sweet almonds. The injections are said to be borne by patients in a "splendid (*brilliant*)" way and are followed by "excellent (*vorzüglich*)" results. To prepare the solution, the oil should be first sterilized by heating in an oil bath, and after it has cooled down to a lukewarm condition the necessary quantity of iodoform should be dissolved therein. The fluid resulting is perfectly clear and has a more or less brownish tint.

The same solution may be also employed for subcutaneous or interstitial injections into parenchymatous goitres. Dr. Boéchal, of Bonfol (Canton Berne) who has been the first to recommend (in 1880) the iodoform treatment of goitres, used an ethereal solution of the drug. He was aware, however, of occasional irritant effects of ether and from the beginning expressed his wish to discover some more suitable, namely, blander vehicle.

Recently, Dr. E. Haffter, of Frauenfeld, the editor of the *Correspondent-Blatt für*

Schweizer Aerzte, has drawn attention that olive-oil, when saturated with camphor, can dissolve up to 6 per cent. of iodoform, and that such solution may be conveniently employed for parenchymatous and intra-articular injections of the drug.

VALERIUS IDELSON.

PERISCOPE.

Prevention of Phthisis.

Dr. Maurice D. Clarke in the *Popular Science News*, July 1, 1890, says that the question, "What Can and Should be Done to Limit the Prevalence of Tuberculosis in Man," formed the subject of a discussion at a recent meeting of the Association of American Physicians, the principal paper being contributed by Dr. Edward O. Shakespeare, of Philadelphia. It was now generally admitted, the writer stated, that tuberculosis was an acute infectious disease due to the bacillus tuberculosis of Koch. It was essentially non-hereditary, though a weak and enfeebled system may be inherited, thus rendering a person more susceptible to the disease or less able to throw it off. In view of the admitted inefficiency of all present modes of treatment of actual cases of tuberculosis, effective prophylactic measures are infinitely more important to the general public, and should also be to the physician, than the most skilful therapeutic measures, in real efforts to limit markedly the enormous mortality due to tuberculosis. Since analysis of the fullest records bearing upon the relation of family history to the causation of tuberculosis could possibly account, through hereditary predisposition, for little more than one-fourth of the cases, the most perfect measures conceivable for the lessening of that influence cannot be rationally compared in importance to those which are essentially based upon the destruction of an infected poison which is virulent enough to produce the disease, not alone in this comparative few who may be born with hereditary predisposition, but also to cause tuberculosis in the majority who succumb, notwithstanding the absence of an hereditary weakness. While the discovery of this bacillus has little advanced the treatment and cure of tuberculosis, it has revealed most important principles upon which to base efficient means of preventing the spread of the disease. In the prevention of tuberculosis the following principles formed the basis of an efficient system: (1) With regard to those already diseased, effective preventive measures should look to the rapid destruction of the tubercle bacilli in the excretions and secretions of the affected, and by little as possible prolonged close association of the well with the sick. (2) With regard to those liable to become infected, nothing which may contain the living tubercle bacillus should be permitted to enter the digestive apparatus. Rigid inspection of meat and milk is a necessity. (3) Tuberculous subjects should not be admitted to hospital wards in which those with other diseases, especially of the lungs, are confined. In general hospitals, consumptives should be assigned to special consumptive wards. (4) Special hospitals for the treatment of consumption should be established.

Dr. Trudeau, of Saranac Lake, spoke of the decrease of the number of cases in England resulting from proper separation of consumptive patients and the care of the sputum.

Dr. Johnson, of Chicago, speaking with reference to the practice of sending patients with consumption to certain Western localities, said he preferred sending them to some place where they were practically isolated from others suffering from the same affection, and to some desert spot where vegetation was scanty and the conditions for increase in bacillary growth unfavorable.

Dr. Ernst, of Boston, related the circumstances of a case which had lately come to his notice, showing how rooms might become infected and be the cause of extending the disease to others, in whom family and personal history were perfect. An early diagnosis of tuberculosis could be made only by finding the characteristic bacilli on microscopic examination. The treatment is more favorable if an early diagnosis is made.

Dr. Bridge, of Chicago, said that in a few weeks signs could generally be found in the chest, but that the time for treatment that would avail, was in the interval before physical signs could be found and hence the importance of a microscopic examination of the sputum.

Use of Pepsin and Pancreatin.

In a good article on Digestive Compound in the *Druggists' Circular*, August, 1890, Dr. Alfred Eichler says: In regard to pep-

sin it is well known that its action is best shown when given in solution and aided by liberal doses of muriatic acid; it should be taken immediately after eating. Pancreatin should be given at least three hours later, when stomach action has ceased and the amount of acid in the stomach been reduced to a minimum; it may be accompanied by a small dose of bicarbonate of soda, thus preventing the gastric juice from rendering it inert. Diastase is hardly ever needed when food is well cooked and chewed.

It is easily seen that aids to digestion may be prescribed "physiologically correct," and that they can be administered without jumbling all known ferments together and giving the compound at random. To the contrary, it will be to the interest of every physician and pharmacist to inform themselves thoroughly on this subject and then let medicine only act as an aid to nature.

With but little care, all digestive ferments may be given in a very agreeable form. Pepsin can be dissolved with muriatic acid and water, to which may be added glycerin in sufficient quantity to sweeten and preserve the mixture, with perhaps a little compound tincture of cardamon to flavor. Pancreatin may be taken as a pill or powder, preceded by a draught of some alkaline mineral water, to which a quantity of bicarbonate of soda can be added if deemed necessary. For diastase can be substituted various malt liquors and extracts of malt; they should be taken at the beginning of a meal.

This plan of treating disorders of digestion will compel us to arrive at clear views regarding what stage or what form of indigestion we wish to remedy. It will require precision of diagnosis, only to be attained by observing the physiological functions of the digestive organs; when we do arrive at this result, our success will be certain.

Bacteria of the Soil.

The *British Med. Journal*, June 21, says: After very careful and extensive examination of the soil of Jena and its vicinity, by C. Fraenkel's method, Dr. Reimers comes to the following conclusions: 1. The number of germs in the upper layers of soil is not so great as many observers have stated, not exceeding in sand a few millions in each cubic centimeter. 2. Down to a certain depth the number remains relatively high, after this it becomes much lower. 3. Still lower the germs diminish altogether suddenly, as Fraenkel has already shown. 4. The zone of sudden diminution lies in Jena, as in Berlin, between one and two meters deep. 5. The exact position of this zone depends on the state of the ground; in disturbed ground it is deeper than in virgin soil. 6. Even at a slight depth (two meters) the soil may be germ-free. 7. Germs taken from the surface, or near it, show quicker growth than similar germs from deeper layers. 8. This last fact shows that the conditions of life are not so favorable lower down in the soil. 9. The ground water at moderate depths was found both with and without germs. 10. In one series of cases the ground water showed no influence on the regular diminution of germs; in another series it was favorable to them. 11. Burial grounds made no difference to the germ-contents of the ground; neither beside nor underneath coffins was any increase in bacteria found. 12. Samples of earth from a grave thirty-five years old and from another one year and a half old, also showed no increase. The last two results, the *British Med. Journal* says, are somewhat surprising, and, if true, are of great importance from a national hygienic point of view.

Rupture of Vagina in First Coition.

The *Annals of Surgery*, May, 1890, publishes an account, from a Russian journal, of a previously quite healthy, newly-married young Hebrew woman, 23 years old, of middling size and make, who applied to Dr. Sinaisky, of Slutzk, Russia, on account of pain on walking and defecation, which symptoms had appeared after her first marital intercourse two days previously. She added that the coition had given rise to an excruciating local pain and profuse bleeding, causing her to faint. The examination showed that the woman's external genitals were developed quite normally, and that the hymen (of a semi-lunar variety and a moderate thickness) was intact. On separation of the labia majora the posterior commissure proved to be lacerated, the wound forming a funnel-shaped cavity admitting freely two or three fingers and communicating with the rectum just above the anal sphincter; the vagina contained

fecal gases and matter. There was also present a total rupture of the perineum running along the raphe, but involving only the skin and sub-cutaneous cellular tissues. The husband was a man 23 years old, possessing a large-sized member, but no knowledge concerning marital business; at least he stated that he had never yet had intercourse with women until the present occasion. Since the couple most emphatically declared that neither of them had introduced finger or any foreign body into the woman's genital tract, and since all their statements seemed to be altogether trustworthy, Dr. Sinaisky arrives at the conclusion that the lesions were inflicted solely by some violent and wrongly directed pressure of the inexperienced young man's powerful and stifflyerect penis against the base of the hymen, the woman, possibly, lying in some inappropriate posture. The violence might be intensified by virtue of the attempt at coition being undertaken with retracted prepuce, the young man being a circumcised Hebrew.

Treatment of Pulmonary Tuberculosis.

Dr. Albert Abrams, in the *Occidental Medical Times*, August, 1890, says: Dr. Brehmer, of Görbersdorf, is an earnest advocate of treatment of pulmonary tuberculosis in a private institution, which should be situated in the mountains, a site favoring the heart's action through diminished atmospheric pressure, and improving nutrition by increased appetite. The site should also possess immunity from consumption. The institution must be protected from winds, which, in the language of the writer, "is poison for consumptives." Patients are allowed unlimited exercise in the open air, but must upon the least fatigue seek rest until recuperated. The nutrition of the patient is of great importance. Anorexia is combatted by sojourning in high altitudes. He provides his patients with five meals daily, the object being to distribute the task of gastric digestion. Vegetables occupy a prominent place in the dietary, for in anorexia they are more palatable than animal food. Fatty food must also be consumed. Each patient drinks on an average 1½ litres of milk, which in cases of protracted anorexia is increased to four litres a day. He introduced wine in the treatment of pulmonary tuberculosis because it increases and strengthens the cardiac contractions and economizes nutrition. The use of cognac when continued for a length of time, conduces to unfavorable results. In the symptomatic treatment the dry, irritative cough is controlled by psychical influences, the drinking of cold water or by drinking hot milk with seltzer water. Morphine is indicated only when the cough is attended with expectoration and interferes with sleep. Inhalations are not considered. Moderate hemoptysis is controlled by injections of morphine, the ice bladder to the cardiac region and milk diet. Eventually ergotin is used. Sesquichloride of iron is mentioned as absolutely inert. When the hemoptysis is severe, energetic coughing is at times necessary in order to dislodge the accumulated blood in the bronchi, and thus avert suffocation. If this prove insufficient, the finger is introduced into the larynx and the coagula are removed. When weakness supervenes with increasing dyspnœa, champagne is administered as a stimulating expectorant. Fever is combatted with 1 to 2 wine-glasses of Hungarian wine and an ice bladder placed over the cardiac region. If the fever persists, then antipyrin and antifebrin are employed. Night-sweats are controlled by the ingestion of a glass of milk containing one or two teaspoonfuls of cognac.

Picric Acid for Impetigenous Eczema.

The *Deutsche Medizinal-Zeitung*, July 7, 1890, contains a report of the experiences of Dr. F. Cerasi with picric acid in the treatment of impetigenous eczema. Cerasi's experiences extend over a period of ten years. He has tried the drug in various cutaneous affections, but at present only reports its value in seven cases of impetigenous eczema. Cerasi lays great stress upon the purity of the drug. The drug as found in the market is almost always impure. Only pure picric acid will dissolve in ether and benzine.

The impetigenous eczema of children is a most painful affection and gives rise to a disagreeable odor. The disease owes its origin principally to faulty nutrition, damp dwellings, and scrofula. The disease usually attacks the head and face, and appears in the form of yellowish crusts which are firmly attached to the skin.

Picric acid was applied locally, and other remedies were given internally in order to

improve the constitutional condition of the patient. In the seven cases in which the drug was tried, a complete cure was effected within nineteen days.

The treatment employed was as follows: The crusts having been removed, small compresses, moistened with a weak solution of picric acid, are applied several times a day. The solution is composed of five or six grains of picric acid dissolved in ether with two and one-half ounces of lanolin. Of late Cerasi has been using creolin as a solvent, with the addition of one-half per cent. of water. After a few days of this treatment a stronger solution is substituted; from seven to fifteen grains of the acid, dissolved in ether with five fluid ounces of rose water. No symptoms of poisoning were observed to follow the use of the drug.

The Treatment of Chlorosis.

Dr. Huchard who is probably better known than any other physician in France as an authority on diseases of the chest and circulatory organs, publishes the following formula for the treatment of chlorosis, which we quote from the *Medical Press and Circular*, July 9, 1890.

℞ Lactate of manganese, ... ℥iiis
Extract of cinchona, ... ℥iiis

For 100 pills. Sig. 3 to 6 daily.

℞ Arseniate of soda, ... 1 gr
Water, ... f℥x

Two tablespoonfuls daily during meal-time.

As chlorotic persons suffer constantly from indigestion on account of the insufficiency of hydrochloric acid in the stomach, Dr. Huchard recommends the following syrup:

℞ Hydrochloric acid, ... gtt. xxx
Syrup of bitter orange, ... f℥i
Water, ... f℥iv

Sig. One tablespoonful immediately after the two principal repasts.

Lunacy and Death.

The *American Analyst*, August 7, 1890, says that Dr. Giacchi, of Turin, in writing on the manner in which lunatics die, observes that often lunatics present in the latter periods of their unhappy existence a surprising metamorphosis. A notable number of acute or chronic lunatics and even demented subjects who for some reasons have been incapable of reasoning correctly, miraculously recover on their death-beds full consciousness of themselves. They die conscious, and often placidly and serenely, as much and even more so than persons of sound mind who succumb to the same malady. Often, in the few days which precede death, one finds in the one as well as in the other, sane and insane persons, a complete inversion, particularly when life is extinguished by the aggravation of chronic maladies of the abdomen or of the chest. Thus, while the phthisical subject or patient affected with chronic diarrhœa at its last stage is often in a state of mental aberration, or at least of weakness of the intelligence; on the contrary, the lunatic, under the influence of the last stages of physical disease, sees the darkness of his intelligence dissipated; similar to the flame which is about being extinguished, the mind resumes its lucidity, a striking contrast with the darkness or agitation of insanity.

Is Exalgine a Dangerous Remedy?

The *American Journal of Pharmacy*, August, 1890, says:

In a long article in the *Revue méd de la Suisse Rom.*, Prof. Prevost made the following remark: "Methylacetanilid is a more dangerous substance than antipyrine. It is also more dangerous than acetanilid, its solubility considered, and it is well to be circumspect in its use, especially until a riper experience has more definitely decided as to the kind of accidents to which it may give rise." To this, Dr. Bardet replies (*Nouv. Remèdes*, June 24), that in the single case of poisoning cited by Dr. Prevost the symptoms were caused by the prolonged use of exalgine in doses of 40 cgm., 3 times a day, and the obstinate constipation of the patient. Dr. Bardet wrote to Dr. Lloyd Jones (who attended the case) and learned that the doctor attributed the result to "an abnormal constipation." He said, furthermore: "I have frequently recommended exalgine and have a very favorable opinion as to its analgesic qualities." M. Bardet added that exalgine had now been in use for eighteen months and the accident cited was the only one to be found in medical literature. Like all active medicaments it should, of course, be used prudently; but if we are to renounce it as dangerous, we must also

give up the use of all medicaments capable of producing toxic effects.

Transplantation of the Shell Membrane of the Egg.

According to Haug, in the *Wiener med. Presse*, April 20, 1890, the lining membrane of the shell of the hen's egg may be used to restore deficiencies in the tympanic membrane. The outer surface is to be placed in juxtaposition with the remaining membrane. It is also essential that the margins of the perforation be freshened, which may be accomplished best by means of a small curette bent at an angle. The experiments of Haug demonstrate that when the proper details are observed a true organization of the transplanted membrane takes place and not a mere adherence. It is possible that this principle may find general surgical application.

Successful Splenectomy.

On July 13, in the clinic of the Hospital of St. Orsola, at Bologna, Prof. Tizzoni, in the presence of several physicians and students, removed a very much enlarged and ectopic spleen due to malarial infection. The *Raccoglitore Medico*, July 30, 1890, reports that on the tenth day the dressing was removed and the wound was found perfectly cicatrized. The organ, when removed, weighed 1,830 grams (over two pounds) and measured 28 centimeters (eleven inches) in length.

Injections of Corrosive Sublimate for Chronic Purulent Empyema.

The following case of chronic purulent empyema, in which injections of corrosive sublimate were successfully used, is quoted from the *Therapeutic Gazette*, July 15, 1890. At the meeting of the Société des Hôpitaux, held May 30, 1890, Dr. Fernet read a report of the case of a man, 34 years old, of alcoholic habit, who, on May 26, 1888, was attacked with pleurisy of the left side. Eight punctures were made at intervals more or less separated, and in June, 1889, the effusion became purulent. The patient's spirits became depressed, until at the commencement of 1890 he was a hydrochondriac and had to be taken to an asylum. At this time he had a fistula of the left side, which discharged daily a large quantity of pus from the pleural cavity. He had hectic fever and infectious arthritis. In March, 1890, thoracotomy was performed and a sac opened, which contained a considerable quantity of pus. On April 5, the pleura was washed out by means of a siphon, with a solution of corrosive sublimate of seven and one-half grains to the quart of water. Under the influence of this treatment, and without any symptoms whatever of mercurial poisoning, cure was effected, and the fistulous tract was obliterated, while at the same time the mental troubles disappeared.

Phenomenal Weight.

The *Medical Press*, July 30, 1890, says that on July 26 a girl, nineteen years old, died at Plaisance, near Paris. This girl was of an enormous size. A year ago she was weighed, and was found to exceed 470 pounds, and since then she had considerably increased. Around her waist she measured two yards and a half, while the circumference of her arm exceeded one yard. Last year it was proposed to exhibit the girl; but eight men were required to remove her from her room; and as she could not pass through the door the affair was abandoned. She succumbed to erysipelas, and a special case had to be made to contain the body, and finally it had to be passed through the window.

Fine Zinc Ointment.

After long experience in the use of ointment, Prof. Unna recommends the following admirable formula for oxide of zinc:

℞ Calcii carbonatis præcipitatæ,
Zinci oxidi,
Olei lini,
Aquæ calcis,

Of each equal parts, to be carefully rubbed up together.

Midwives and Septicemia.

The Paris correspondent of the *Lancet* says, July 5, 1890, that the Correctional Tribunal of L'Orient lately sentenced a midwife to six months' imprisonment. She was accused of having caused in one month, through neglect of the necessary precautions, the death of seven of her patients, who succumbed to puerperal fever.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterise communications intended for publication.

MEDICAL LEGISLATION IN LOUISIANA.

The difficulties encountered by attempts to secure State regulation of the practice of medicine in this country have received a new illustration in Louisiana, where a bill providing for the appointment of a Board of Medical Examiners was defeated after it had passed some of the rocks which such bills always encounter. In the House of Representatives, it received a unanimous and favorable report by the judiciary committee of the Senate. When the bill came up for final action in the House, to the surprise of all, it was defeated by a vote of eleven to nineteen.

This defeat is attributed principally to two causes: firstly, to a private letter written to one of the senators by a member of the State Society from New Orleans, a man who has—the *New Orleans Medical and Surgical Journal* says, August, 1890—at all times opposed in an underhand way every public measure to which his consent was not asked, or which did not serve directly his personal interest, and who, unfortunately, enjoys a certain amount of popularity and influence among people who only know him imperfectly, and are therefore unacquainted with his hypocritical methods; and secondly, to a petition read in the senate by Senator Davis and signed by only ten medical men of New Orleans, all of the homœopathic sect. This document our contemporary publishes in full, with the names of its signers, and gives the names of the members of the Committee on State Medicine of the State Medical Society, together with the auxiliary committee.

The petitioners opposed the bill, our contemporary states, not on account of any menace of injustice to themselves, or to their sect or any other sect, or to the people, but used reasons in their opposition which are mere generalities, and which no thinking man, after reading the proposed act, would for a minute entertain. The reason, that it gave unlimited power to six men chosen by a layman—the governor—is met by the fact that at present the power is in the great majority of cases vested in seven men chosen by themselves and perpetuating themselves, and who, depending for their earnings on the number of their classes, are interested in rejecting as few applicants as possible, so as not to diminish their popularity, hence their emoluments. The board as proposed had little or no direct interest in refusing or admitting any one to the practice of medicine, and were more likely to act in a spirit of justice and fairness to every one.

It is a curious fact that in every State the most effective opposition to the appointment of Boards of Medical Examiners seems to come from those who represent the homœopathic and eclectic bodies. Although in the ranks of the regular profession there are many

men who bitterly oppose such examining boards, solely upon the ground that they give a certain *quasi* recognition to what we regard as sects in medicine, nevertheless many men who regret the necessity for such seeming recognition feel that even this is preferable to the present methods, by which almost anybody, with or without education, may begin the practice of medicine in most of the States of this country. Those who believe in State examining boards feel that, even at the sacrifice of personal and professional taste and preferences, it would be a good thing for the profession, and an exceedingly good thing for the community if the right to practice were restricted to those who had satisfied a competent examining board of their fitness; and that to have but one portal to the practice of medicine, and that portal freed from the interests of medical schools or the laxness of irregular practitioners would be a boon to our fellow-men, and tend to increase the respect of the community for the medical profession.

We hope that even yet in Louisiana the interests which have given temporary defeat to what is plainly the very best part of the medical profession there will be overcome, and that this State will succeed in securing a good examining board before long.

MYXŒDEMA AND TRANSPLANTATION OF THE THYROID.

In an editorial in the REPORTER, April 12, 1890, attention was called to the proposition of Mr. Victor Horsley to attempt the cure of myxœdema, or cachexia strumipriva, by transplanting to the patient the thyroid gland of a sheep, and to the fact that Professor Lannelongue had recently actually done this experimental operation. We have no news of the results of Professor Lannelongue's operation; but Mr. Horsley has a short note on the subject in the *British Medical Journal*, July 26, 1890. In this, he says he has learned that his proposition had been forestalled in 1889, by Dr. Bircher, in Aarau. In No. 357 of the *Sammlung klinischer Vorträge*, Dr. Bircher gives an account of myxœdema and cretinoid degeneration, his paper being published March 5, 1890.

In his paper Dr. Bircher describes the onset of acute myxœdema in a female patient from whom unintentionally the whole thyroid gland was removed. Severe myxœdema resulting, Dr. Bircher, on January 16, 1889, transplanted into the abdominal cavity a portion of apparently normal thyroid tissue from a goitre. The effect of this operation was to produce a very marked improvement, so that the patient was enabled to return to work, and the myxœdematous symptoms in great measure disappeared, only the condition of the skin suggesting the persistence of the malady. Three months later, however, it became evident that the transplanted piece of thyroid had atrophied, as the myxœdema again showed itself and progressed. A second transplantation was made, and again an improvement, and this time greater, resulted, as the patient recovered for nine months, even menstruation returning after amenorrhœa had persisted for over a year. At the present time the symptoms have recurred slightly, but the beneficial effect of the operation was thus indubitably established.

Professor Kocher wrote Mr. Horsley on May 19 and 31, 1890, that he attempted to obtain the same result as early as 1883, by transplanting a small portion of the gland freshly excised from a goitre, but the graft was soon absorbed. Hearing of Dr. Bircher's case, however, Professor Kocher took up the subject again early in 1889 by transplanting in two cases the half of a thyroid gland into the abdomen, fixing it to the wall by sutures. In both the gland was aseptically exfoliated after some time. In three cases he put the gland loose in the abdominal cavity. The results of these cases Professor Kocher has not yet collected nor published, but he has already learned that one patient has greatly improved since the operation.

Consideration of these results makes it,

Mr. Horsley thinks, abundantly clear that this operation should always be performed, not simply in cachexia strumipriva—which, of course, with our later knowledge of the function of the thyroid gland, he believes, will ultimately disappear—but also in myxœdema and sporadic cretinism. Whether or not it is better to transplant thyroid tissue from a human goitre or a healthy gland from a lower animal, as suggested in Mr. Horsley's last note, can only be decided by experience.

It is interesting to note the sanguine hopes of Mr. Horsley; but the surgical world may await something more conclusive than he has yet adduced before committing itself finally to a mode of therapy which has so many elements of the fanciful about it. Men who can swallow Pasteur's method for suspected rabies may find this method easy, but others will ask more in the way of proof and less in the way of conjecture.

PREVENTIVE INOCULATIONS AGAINST TUBERCULOSIS.

At the recent meeting of the International Medical Congress, in Berlin, Dr. Robert Koch made an address in which he asserted that he had discovered a method by which animals ordinarily very susceptible to contract tuberculosis from inoculations of the bacillus were made capable of resisting such inoculations. The details of his method he did not make public. Stimulated apparently by this announcement, which is calculated to attract widespread attention, Drs. Grancher and Martin, of Paris, announced in the *Bulletin Médical*, August 20, 1890, that they also had devised a method by which these results could be obtained.

In this number of the REPORTER Professor Samuel G. Dixon, of Philadelphia, presents a short article in which attention is called to the fact that a year ago—October 19, 1889—he had proposed the lines upon which preventive inoculations against tuberculosis might be expected to be successfully carried out, and that he had already succeeded in a certain number of instances in producing immunity against the disease in animals. This announcement antedates by so much the announcements of Koch, and Grancher and Martin, that American medical men must feel an interest in maintaining the priority which belongs to this country.

In this particular matter it may be pointed out that Dr. Dixon in his announcement gives some indications as to the method by which he obtains the attenuated virus used in his experiments. Intimations of this sort are totally lacking in the communications of Koch, Grancher and Martin.

AMERICAN MEDICAL DIPLOMAS ABROAD.

Any American medical man who has studied or traveled in Europe knows that on that side of the Atlantic American medical men get all the respect that they deserve, and usually a degree of kindly consideration which makes up for such defects as, if sensitive, they might otherwise be painfully conscious of. He knows, too, that American medical colleges are treated just as fairly, and that the reason why European governments do not recognize American medical diplomas as a passport to practice is because they are not far enough off to be ignorant of the laxness with which such diplomas are granted in many parts of this country. Their action is simply that which a number of our own States have felt called on to take against men educated in other States, in order to protect their own inhabitants against ignorant pretenders.

It is a great pity that such steps should be needful in our own land, and we may well feel mortified that they have to be adopted elsewhere; but this condition of affairs exists, and there is only one way to cure it. This is by mending our methods of education and bringing our standard up to a point which will secure universal respect. It will not do any good to indulge in any such foolish bluster as was recently put before

the American Medical Association by Dr. Samuel O. L. Potter, of San Francisco, and published in the *Journal*, July 19, 1890.

If this particular article should attract any attention on the other side of the Atlantic, we sincerely trust that it will be understood that it does not represent the opinions of the sensible medical men of this country. They know very well that the way to get respect is to deserve it; and have no reason to make an outcry for what comes without asking, if it ought to come at all, and what no self-respecting person wants if it is not freely accorded. The work of elevating the standard of medical education is going on very satisfactorily in the United States now, and before long we hope we shall have no need to blush for institutions which cheat the community and disgrace the profession; but that time has not yet arrived and we will not talk as if it had. There are medical schools in this country which furnish as good a medical education as any in the world; but there are some others which cast discredit on them. The mercantile concerns figuring as medical colleges are the proper objects of such scolding as Dr. Potter has published, and not European governments which neither deserve nor care for it.

PSOAS ABSCESS MISTAKEN FOR HERNIA.

Dr. J. L. Cunningham, of Fort Worth, Texas, reports in *Daniel's Texas Medical Journal*, August, 1890, a remarkable instance in which two physicians mistook a protruding psoas abscess for hernia, performed what they called reduction and applied a truss, after which the patient died. It is hard to see how so stupid a blunder as this could be committed by any one with the most ordinary medical education, although it is made the subject of plain warnings in the lectures and in text-books. But that it may occur, the case referred to sufficiently shows.

RUPTURE OF THE LARYNX OR TRACHEA IN WHOOPING-COUGH.

A question addressed to the Editor of one of our contemporaries and published in its issue for August, 1890, seems to have proved so difficult of solution that some of the readers of the REPORTER may not be offended if we make a few statements about the subject. The questioner described the case of a boy, seven or eight years old, with an attack of pertussis and broncho-pneumonia after measles. After a violent coughing spell "a puffy swelling" appeared in the region of the parotid gland and increased rapidly, extending down over the chest as low as the second rib, exactly like a huge goitre. It attained this size in two hours. The description states that when pressed upon it gave a "peculiar rustling sound similar to that produced by crushing soft paper in the hand." The tumor was painless and its skin unchanged in color.

In this we have as precise and lucid an array of the physical signs of subcutaneous emphysema as any text-book could give; and when they are considered in connection with the history of the case the diagnosis is quite unmistakable.

A case, in history of development similar to this, has just been reported by Dr. Justin Lemaistre, of Limoges, to the French Association for the Advancement of Science; but in this case an accident led to inflammation and contraction of the cavity in which the air accumulated. In both these cases there must have been a rupture of the upper part of the trachea, perhaps in the larynx, and the entrance of air into the inter-muscular and subcutaneous spaces. Such accidents are liable to happen, especially in weak subjects, during violent paroxysms, and we believe they are not exceedingly rare in whooping-cough.

It may not be easy to find records of such occurrences; but we have no doubt that they are not unknown to experienced physicians.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION. Third Session, held at Boston, Mass., September 17–19, 1889. Volume II. 8vo, pp. xxiv, 296. Philadelphia: Published by the Association, 1889.

The retiring President of the Association, Dr. E. H. Bradford, of Boston, has departed from what is becoming the custom in scientific societies, that of making simply a few introductory remarks, and has given an excellent review of early American literature and work in orthopedic surgery, a valuable bibliography of the writings prior to 1860 being appended. Dr. V. P. Gibney, of New York, in his paper on The Typhoid Spine, describes a condition occurring as a sequel to that fever, which is marked by great tenderness on forward or lateral motion, and on pressure over certain parts of the spine. Fever may or may not be present. Recovery occurred in all his cases, but is apt to be tedious. Treatment consisted in supports, counter irritation and the administration of anodynes. The affection is believed to be a periostitis or perispondylitis. Dr. Dillon Brown contributes an instructive paper on Psoas Contraction as a Symptom, in which he discusses the various conditions which give rise to it.

Dr. Charles L. Scudder's paper, based upon eighteen cases of Chronic Disease of the Ankle and Tarsus, gave rise to an interesting discussion. Dr. Scudder was in favor of excision as opposed to less radical measures, when operation was deemed advisable; most of the others appeared to be in favor of the expectant plan. Papers on The Principles of the Mechanical Treatment of Hip-Joint Disease, by Dr. Newton M. Shaffer, of New York; on Rest and Fixature in Joint Disease, by Dr. De Forest Willard, of Philadelphia; and on Excision of the Hip-Joint, by Dr. Reginald H. Sayre, are all valuable contributions to orthopedic surgery by men who have earned deserved reputations for their work in this department. Dr. John Ridlon, of New York, has two papers, one on a rare case of Congenital Dislocation at the Hip and the other on Fixation and Traction in the Treatment of Hip Disease.

A number of other useful papers are to be found in the volume, which fully comes up to the expectations raised by the first volume.

LITERARY NOTES.

—The issue of the *Deutsche Medicinische Wochenschrift* for July 31, 1890, is a notable number. Besides the usual amount of interesting reading matter, it contains a greeting to the members of the Tenth International Medical Congress, at Berlin, by the editor, Sanitätsrath Dr. S. Guttmann; a paper on the relations of the larynx to the motor nervous system by Felix Simon and Victor Horsley, published in parallel columns in English and German; a paper on the application of cannabis indica in the treatment of the neurosis of gastric dyspepsias, by Germain Sée, in French and German; as well as papers by Bernays, of St. Louis, and Althaus, of London.

—The *Wiener Medizinische Presse*, July 27, 1890, contains the first of a series of letters from New York.

—Dr. J. M. Mills, of New York, has been for several years studying the relation of eye-strain to headaches, etc., among children, and publishes a summary of his findings in an illustrated article in *Babyhood* for September. If *Babyhood* keeps on as it has been going for a year or so, it will have to be classed among medical journals; some of its medical articles being, in our opinion, inappropriate to the object for which *Babyhood* was originally intended.

CORRESPONDENCE.

Restoration of Cut-off Nose.

TO THE EDITOR.

Sir: You inquire in regard to the case reported in the newspapers, in which Dr. J. M. Kelley successfully restored a nose which had been entirely cut off by a machinery accident. I have secured the particulars from Dr. Kelley, who has kindly given them to me in writing.

On July 1, Dr. Kelley was called to the Kincaid Cotton Mills, Griffin, Ga., and upon his arrival found a young man bleeding from the region of the nose. After examination he found that all the soft parts of his nose were gone, except about one-third of the left ala and a thin anterior flap of the nasal septum, which was lying upon the upper lip, still attached at its lower end. He was informed that it was cut off by a belt, which had slipped from its pulley while the machinery was in motion. He ordered the missing member to be brought to him; and after a short search it was found. He washed and warmed it thoroughly in warm water, lightly impregnated with bichloride of mercury, placed it in its proper position, raised the anterior flap and stitched all round with surgeon's silk. He then introduced into each nostril two large drainage-tubes, compressed and confined the parts firmly with several strips of isinglass plaster. Over the entire nose he placed a piece of oiled silk.

During the first twelve hours continual warmth was maintained by means of flannel laid across the nose, the flannel being doubled three or four times and saturated with warm bichloride solution. Dr. Kelley also injected this solution into the nostril frequently.

On the second day nothing was done, except to keep a dry flannel across the nose.

On the third day Dr. Kelley removed the drainage-tubes, washed out each nostril with warm bichloride solution, dried the parts and placed the tubes back as before. This was repeated almost daily until the tenth day, when Dr. Kelley removed all the dress-

ing and found the nose alive and united, except a small triangular notch in the right ala, which was so badly bruised as to cause its decay.

The time the nose remained off was about one hour, which fact renders this case a most important one for the medical profession. Dr. Kelley attributes his success to the securing of absolute cleanliness and the maintaining of uniform warmth during the first few hours after the reposition.

Yours truly,

C. FREEMAN.

Griffin, Ga.

QUESTIONS AND ANSWERS.

[In this department will be published questions on any medical subject by readers of the REPORTER, and answers by the EDITOR or by other readers.]

DR. JAMES WARE, Lake Charles, La., writes: I have seen so much benefit, particularly with children, from injections in the rectum of charcoal and chalk, say a tablespoonful of each, in twelve fluid ounces of water, in the bowel complaint that we have so much of here, that I want to know if there is a syringe with a long nozzle, that will enable one to throw a mixture further up the bowel. Would I run any risk by filling the lower part of the colon? or, can it be done?

[The application of fluids, with or without medication, to the colon is one of the most important resources of the physician and one entirely devoid of danger if the most ordinary precautions are observed. The fluids may be warm or cold, as indicated. They may be medicated or pure water. They may be used in large or small quantity, as needed. The whole of the colon may be flushed out with great ease; and happily no special apparatus is needed to do it. If a child is placed on the side—preferably the left, with the hips a little raised, and an ordinary anal tube is slipped into the rectum, one may, with gentle pressure by means of a common syringe or by the hydrostatic pressure afforded by a "fountain syringe," distend the rectum, open out the curves of the sigmoid flexure and pass a lavement all the way to the ileo-cecal valve; and, indeed, further at times. The secret of success is to be gentle and to take plenty of time. The measure is useful in inflammations of the bowels, and also in irritative conditions. It has even served to cut short attacks of convulsions due to reflex irritation in the bowel.]

—Cayenne pepper does not derive its name from the fortified city in French Guiana, but is a corruption of the Tupi (Brazilian) "quimyha;" similarly "chillies" is the proper Mexican name, and has nothing to do with the South American republic.

NOTES AND COMMENTS.

Koch on Treatment of Tuberculosis.

In concluding his address on Bacteriological Research before the Tenth International Medical Congress, Dr. Robert Koch said:

I am convinced that bacteriology will one day be of the greatest importance from the therapeutical point of view also. It is true, I look for relatively smaller therapeutical results in the case of diseases with a short incubation period and a rapid course. In these diseases, as for example in cholera, the chief reliance will always have to be placed on prophylaxis. I am thinking more of diseases of less rapid course, as these offer more points of attack to therapeutic enterprise. And there is scarcely a disease which, partly on this ground, partly on account of its far surpassing all other infectious diseases in importance, so challenges bacteriological investigation as tuberculosis.

Moved by these considerations, very soon after the discovery of the tubercle bacilli, I set about seeking for substances which could be used therapeutically against tuberculosis, and I have pursued this search, which has, of course, been often interrupted by my other occupations, perseveringly up to the present. In the belief that there must be a remedy for tuberculosis, I do not by any means stand alone.

Billroth has, in one of his last writings, expressed himself with all possible distinctness to the same effect, and it is well known that the same object is aimed at by many investigators. It seems to me, however, that the latter have not as a rule followed the right way in their investigations, inasmuch as they have begun their experiment on man. To that I ascribe the fact that everything which people have believed themselves to have discovered in that way—from benzoate of soda down to the hot-air treatment—has proved to be a delusion. Experiments must in the first place be made not on man, but on the parasites themselves in their pure cultures; even if substances have been found which have the power to check the development of tubercle bacilli in the cultures, man should not forthwith be chosen as the subject of experiment. But the question whether observations which have been made in a test-tube hold good also in living animal bodies should first be settled in animals. Only if the experiments on animals have

proved successful, should the method be tried on man.

Proceeding according to these rules I have in the course of time tested a very large number of substances to see what influence they would exert on the tubercle bacilli cultivated in pure cultures, with the result that not a few substances have the power, even in very small doses, of hindering the growth of tubercle bacilli. More than this, of course, a remedy cannot do. It is not necessary, as has often been erroneously assumed, that the bacteria should be killed in the body; in order to make them harmless to the body it is sufficient to prevent their growth, their multiplication.

I have proved the following substances to be remedies which hinder such growth even in very small doses (to mention only the most important): A number of ethereal oils; among the aromatic compounds, β naphthylamin, paratoluidin, xylidin; some of the so-called tar-dyes, namely, fuchsin, gentian violet, methyl blue, chinolin yellow, aniline yellow, auramin; among the metals, mercury in the form of vapor, silver and gold compounds. The compounds of cyanogen and gold were especially conspicuous, their effect surpassing that of all other substances; even in a dilution of one to two millions they checked the growth of tubercle bacilli. All these substances, however, remained absolutely without effect if tried on tuberculous animals.

In spite of this failure I have not allowed myself to be discouraged from prosecuting the search for growth-hindering remedies, and I have at last hit upon a substance which has the power of preventing the growth of tubercle bacilli, not only in a test-tube, but in the body of an animal. All experiments in tuberculosis are, as every one who has had experience of them has sufficiently discovered, of very long duration; my researches on this substance, therefore, although they have already occupied me for nearly a year, are not yet completed, and I can only say this much about them, that guinea-pigs, which, as is well known, are extraordinarily susceptible to tuberculosis, if exposed to the influence of this substance, cease to react to the inoculation of tuberculous virus, and that in guinea-pigs suffering from general tuberculosis even to a high degree, the morbid process can be brought completely to a standstill, without the body being in any way injuriously affected.

From these researches I, in the meantime, do not draw any further conclusions than that the possibility of rendering pathogenic bacteria in the living body harmless without injury to the latter, which has hitherto been justly doubted has been thereby established.

Should, however, the hopes based on these researches be fulfilled in the future, and should we succeed in the case of one bacterial infectious disease, in making ourselves masters of the microscopic, but hitherto victorious, enemy in the human body, then it will soon also be possible, I have no doubt, to obtain the same result in the case of other diseases. This opens up an oft-promised field of work, with problems which are worthy to be the subject of an international competition of the noblest kind. To give even now some encouragement to further researches in this direction was the sole and only reason why I, departing from my usual custom, have made a communication on a research which is not yet completed.

Allow me, therefore, to conclude this address with the expression of a wish that the nations may measure their strength on this field of labor and in war against the smallest, but the most deadly, foes of the human race, and that in this struggle for the weal of all mankind one nation may always strive to surpass the other in the successes which it achieves.

Cholera Items.

On August 20, an excitement was stirred up in London by the assertion that a sailor with cholera had arrived. It has since been found that he did not have cholera at all.

August 20, a death from cholera was reported on a British steamer at Malaga from Valencia. The disease was also stated to have appeared at Tortosa and Tarragona, and that there have been forty-eight deaths from cholera at the quarantine station at Eltor since the pilgrims were interred.

At Mecca, for the day before, ten deaths from cholera were reported and at Jeddah nine deaths.

From Madrid it was reported, August 21, that the Government physicians had announced their refusal to serve any longer in the cholera infected districts unless they were given a strong military escort. They declared that the peasants were opposing all attempts to institute sanitary precautions, and even resorting to force in order to prevent them from doing their duty, and that under these circumstances any abatement in

the virulence of the disease was quite impossible. The city of Arges had been deserted by all the inhabitants, only those who were down with the cholera and a few relatives who refused to desert them being left. The Mayor, who was the only remaining official in the city, had buried his own son, all the grave-diggers having fled the city. Out of 123 people, who had been attacked with the disease, 44 had died during the last four days.

August 23, cholera was spreading steadily along the Mediterranean north of Valencia, where there were from ten to twelve new cases daily. The disease had appeared in several villages in the Province of Toledo, and suspicious cases had been discovered in Madrid.

There were eight deaths on board a coolie steamer which arrived from Madras at Durben, August 24. The cause of death was given as diarrhœa, but the sanitary court declared that the deaths resulted from cholera and that Natal was an infected port.

Cholera was said to be spreading in the city of Toledo, August 25. Thirteen cases and five deaths were reported the day before. The Madrid Health Department had sent officers to Toledo to take sanitary measures.

The Government has established a second quarantine station at Rasmallag, on the Gulf of Suez, August 26. There were 13 deaths from cholera at Jeddah the day before. There were no deaths from the disease at Mecca.

In Toledo, August 27, eight new cases and four deaths were reported. The director of the military academy there had succumbed.

The Canadian Deputy Minister of Agriculture has had a cholera scare and declares that Asiatic cholera will certainly visit Canada next year, and that in order to check its advance he proposes to establish quarantine stations in British Columbia on the same system as that at Grasse Isle.

Some excitement was caused in Vienna, August 29, by a report that a patient in the Central Hospital in that city was suffering with Asiatic cholera.

Bleeding.

In an interesting inaugural address on the impressions remaining after a general practice of thirty-seven years, Dr. Alfred Freer, in the *Birmingham Medical Review*, says:

There is one old remedy that has, like disease, slain its thousands in divers countries, which I long, nevertheless, to see set up again upon a proper pedestal among the worthies, that is, bleeding. True it is this power was much abused in old days, but we all must have met with cases where the non-exercise of this potent spell has filled us with regret. I am old enough to remember the time when at least every week patients brought rolls of tape which they would pull out of their pocket, saying, with a somewhat dissatisfied tone, "Then you are not going to bleed me, sir?" Phlebotomy has so gone out that it is only with bated breath one dare hint at the propriety of its performance. And yet there are many cases which I think might be saved by it. Let me take three or four examples. Years ago I was summoned most urgently to a young butcher supposed to be dying, his own medical attendant being away from home. I found a man not able to lie down, gasping for breath and suffering from a pleurisy of three days' duration. He begged me to do something, and it was plain that unless speedily relieved he must die. I bled him to sixteen ounces, and it was a treat to see the poor fellow expand his chest more freely and enjoy the relief of the blood flow. From that moment all anxiety was over. Take another, a chronic case, not in my practice, but the circumstances well known to me. A well-to-do man of about sixty, suffering from cardiac valvular mischief, pulmonary congestion and great œdema of legs, ready to die. A practitioner of before 1815, and most unduly devoted to the practice of opening veins, was called in, superseding the regular attendant. He bled the patient with striking benefit. After the operation the much-needed diuretics acted like magic. Elated by success, Sangrado repeated the venesection with still more marked relief. A third and a fourth repetition, and the patient sank into such a profound anemia that he could not rally. The abuse of the remedy spoiled all. A third example: A year ago I was called to a woman aged fifty-three, generally soddened in beer, who was seized with giddiness, inability to speak to be understood, pain in the head, and incomplete left hemiplegia, while walking. Her speech was always mumbling at best. I bled her to twelve ounces with immediate benefit; and the friends exclaimed, on hearing her talk, "Why we have not heard her speak so plainly for three or four years." With the exception of diminished power in the left arm,

this woman has practically recovered, and I often meet her going to refresh.

Yet another example in which bleeding gives excellent results. I allude to puerperal eclampsia. What anxiety comes to especially young and isolated practitioners from seizures of this nature! I remember a primipara, white-faced and unmarried, who had violent convulsions in the first stage of labor; my father had bled her freely with much temporary abatement of the fits. In four hours they returned with violence, and on my father's advice I bled again to sixteen ounces and gave one grain of tartar emetic with one of opium. The convulsions ceased, the confinement proceeding favorably and the convalescence was uninterrupted. I do not mean it to be inferred that under modern superior light I would adopt such heroic treatment now, but I venture to aver that in many cases of puerperal eclampsia where the renal secretion is scanty and decidedly albuminous, and where there is marked œdema of the lower limbs, the withdrawal of some blood from the circulation is a most valuable resource.

Severe epistaxis often gives us a strong hint on this matter, and so does that severer monitor, hematemesis. Many a possessor of a chronically congested liver has been put on his legs again for an indefinite period through having passed through a hematemesis so profuse as to bring him for a time to death's door. We must not forget that the benefit of venesection or the abstraction of blood does not end with itself, but gives opportunity for the introduction of other valuable remedies into the lightened circulation.

Politics and Physicians.

The recent appointment of Dr. Baxter to be Surgeon-General of the U. S. Army has called forth the following pungent criticism by the *Nation*, August 21, 1890:

One of those appointments that are always to be regretted in the interest of the public service as a triumph of political skill over personal merit has just been made by the President. Dr. Jedediah H. Baxter, the Chief Medical Purveyor of the Army, has been appointed its Surgeon-General. Dr. Baxter entered the military service in 1861 as a regimental surgeon from Massachusetts, and in the spring of 1862 he was recommissioned as a staff surgeon of volunteers, a position giving him greater latitude of movement. After a short service on the Peninsula, and before the heavy fighting on the Chickahominy, he returned to Washington, where he has remained. At first on hospital duty, he was appointed by the Secretary of War the chief medical officer of the Provost Marshal's Bureau at its organization in 1863. Upon the dissolution of that special organization at the close of the war, he was retained by Congressional resolution to compile the vital statistics it had collected, upon which he was engaged until 1875. Meanwhile he had been appointed in 1867 to the newly-created office of Assistant Medical Purveyor, ranking as lieutenant-colonel, in the regular establishment; he was then advanced by selection and by special legislative sanction over the heads of other officers of excellent and much longer service, and finally was given additional rank as colonel, again specially created, in 1874, before he had discharged any duty in the Purveying Department. In his appointment the fundamental law of the Medical Department, that examination is a prerequisite to admission and promotion, was violated in spirit—although, according to the wording of the enactment, the appointment itself was technically legal. He has resided continuously in Washington since 1862; he has seen no service with troops; his unprecedented promotion in all its stages has followed from his close adherence to political methods at the capital rather than the impersonal and zealous discharge of public duty. This appointment is the worst possible, saying, as it does, to a scientific corps, admission to which, with this single exception, has been confined to merit, that political strength and not hard service is the real passport to place, if not to honor. The rejection of this nomination would be creditable to the Senate.

Tri-State Medical Association.

The second annual meeting of the Tri-State Medical Association (Alabama, Georgia and Tennessee) will convene at Chattanooga, on October 21, 1890, and will continue for two or three days.

The membership is not restricted to the three States. By furnishing proper credentials and remitting one dollar to the Secretary any physician may be enrolled as a member of this Association.

The Secretary is Dr. Frank Trester Smith, Chattanooga, Tenn.

American Association of Obstetricians.

The American Association of Obstetricians and Gynecologists will hold its next annual meeting in Philadelphia, September 16, 17 and 18, 1890, in the hall of the College of Physicians. All physicians interested are invited to attend. Information may be obtained from the Secretary, Dr. Wm. Warren Potter, Buffalo.

NEWS.

—It is reported that Dr. Richard A. Cleeman, of Philadelphia, was seriously injured by falling from a ledge of rocks at the Natural Bridge, Va., August 25.

—The new Croton Aqueduct, which had been closed in order to complete one unfinished section, was reopened August 25, with a volume of 25,000,000 gallons a day, which will be increased to over 40,000,000 gallons.

—Dr. Bahrsen, of Crookston, Minnesota, was shot dead by a man named Russell, near Grand Forks, North Dakota, August 26. Russell and his wife had separated and he blamed the Doctor for the separation.

—At a meeting of the Hygienic Committee in Paris, August 26, Dr. Proust read a telegram from Pernambuco, stating that there were 4,000 cases of small-pox in that province and that there was an average of twenty deaths daily.

—Dr. Charles B. Penrose, of Philadelphia, on August 25, swam fifteen miles in the Delaware River in five hours and five minutes. His competitor was Mr. Robert Ralston, who made the distance in five hours and thirteen minutes.

—Two men were instantly killed August 29, by stepping on a wire which supplies the current to the arc electric lights in the Wheeling Terminal Railway Company's tunnel, at Wheeling, West Virginia. Both men wore thick-soled and hob-nailed leather boots.

—Two boys died in Knoxville, Tennessee, on August 25, from a dose of morphine. Three other children were made very sick by an overdose. The drug was administered in mistake for quinine. The mistake was made by a druggist in filling the bottle.

—Dr. Anna Eddowes died August 22, at the Philadelphia Home for Incurables, at the age of sixty-three years. She was graduated at the Woman's Medical College, Philadelphia, in 1876, and soon devoted herself to the care of patients with cancer in the Home for Incurables in this city.

—In New York the Street Cleaning Commissioner has invited the President of the Board of Health to make a joint examination of the several systems for the cremation of garbage now used in European cities, and it is not improbable that some such plan for disposing of waste and refuse may be adopted.

—Members of the Pennsylvania State Committee on Lunacy on August 26, entered a protest to the Mayor of Philadelphia against the award of the contract for the erection of the two additional buildings to the department of the insane at the Philadelphia Hospital. The committee objects to the height of the buildings, three stories, and their location.

—Six thousand cattle, suffering from disease, were held in quarantine in pasture at Newton, Kansas, August 27. They were dying off rapidly, and a controversy had arisen as to the nature of their malady. It is feared that the late rains filling the streams which run through the pasture occupied by the quarantined cattle will convey germs of the disease to herds grazing in fields down the stream.

—Dr. Lassar, Secretary of the Tenth International Medical Congress, is said to have left Berlin for New York to escape the consequences of his rudeness while conducting the Empress through the exhibition. Besides this, his official statements at the last meeting of the Congress now prove to be incorrect. His friends excuse him on the ground that his nerves are overstrung and that, therefore, he is not responsible for his actions.

—The thirteenth annual reunion of the Pennsylvania and Maryland Union Medical Association was held at York, Pa., August 28. There were over 500 doctors, together with their families, in attendance from Philadelphia, Baltimore, Harrisburg, Lancaster and other cities and towns. Addresses were made by Dr. J. C. Gable, President of the York County Medical Society; Mayor Noell, of York; Dr. Deaver, of Lancaster county; Professor S. G. Boyd, of the York *Gazette*; Dr. Morris, of Baltimore, and Dr. J. H. Packard, of Philadelphia.